

WORKING GROUPS REIMBURSEMENT

Reimburse to: Last Name: _____ First Name: _____

Mailing Address: _____

City: _____ Zip: _____

Email Address: _____ Phone: _____

UID #: _____ Home Department: _____

Working Group: _____

Title of Meeting: _____

Paper Title: _____

Date: _____ Location: _____

Please provide list of expenses / Total Requested Amount \$:

| Item/Category | Amount | Details |
|------------------|--------|---------|
| | | |
| | | |
| | | |
| | | |
| | | |
| Total Requested: | | |

Attendees, provide names & affiliations (*attach separate list if needed*):

Name: _____ Affiliation: _____

Name: _____ Affiliation: _____

Name: _____ Affiliation: _____

Name: _____ Affiliation: _____

Name: _____ Affiliation: _____

Name: _____ Affiliation: _____

Name: _____ Affiliation: _____

Please submit all itemized receipts with your completed form to Mryna Ortiz, Administration & Fellowship Coordinator, via email at ortiz@humnet.ucla.edu

Department Use Only

Approved by:

Date Submitted:

Approved:

Approved Funding \$: