

# 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 [finance.c1718cs@humnet.ucla.edu](mailto:finance.c1718cs@humnet.ucla.edu)*

Department Use Only

Approved by:

Date Submitted:

Approved:

Approved Funding \$: