

## REQUEST FOR REIMBURSEMENT FOR SUPPLY PURCHASES BY ANR VOLUNTEERS

**Payee Information:**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Street Address \_\_\_\_\_ Email (Optional) \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ Is payee a current or emeritus UC employee? Yes No

**REIMBURSEMENT POLICIES - Comply with all requirements as listed in order to receive reimbursement:**

1. Include original receipts (no copies) **\*\* 4-H - Please include the SIGNED Pre-Approval form \*\***
2. Purchases must be made within the last 30 days
3. The receipt total must equal the requested reimbursement amount
4. Personal items cannot be purchased on the same receipt
5. Receipts must be in the name of the volunteer
6. Reimbursement cannot exceed **\$499.99**

DETAILED BUSINESS PURPOSE/USE OF THE ITEMS (DESCRIPITON REQUIRED)

LINE #	PURCHASE DATE	RECEIPT #	VENDOR	DESCRIPTION	AMOUNT
1					
2					
3					
4					
5					
<b>TOTAL TO PAY/REIMBURSE:</b>					\$ _____

**ACCOUNT INFORMATION**

Account #: \_\_\_\_\_ Amount: \_\_\_\_\_  
 Account #: \_\_\_\_\_ Amount: \_\_\_\_\_  
 Account #: \_\_\_\_\_ Amount: \_\_\_\_\_

**CERTIFICATION BY VOLUNTEER:**

I hereby certify that the above is a true statement of supply purchases incurred by me in accordance with the rules of the University of California relative to official UC ANR program business.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**APPROVALS**

Advisor/PI: \_\_\_\_\_ County Director: \_\_\_\_\_  
*Signature* *(date)* *Signature* *(date)*

Originating County: \_\_\_\_\_ Date: \_\_\_\_\_  
 Preparer Name/Contact Info: \_\_\_\_\_ Number of Pages Attached: \_\_\_\_\_