

School of Social Sciences, Humanities and Arts
General Reimbursement Request Form

Request Date: ____ / ____ / ____ **Requester Name:** _____

Payment Method: ☐ **Cash (original receipts attached)**
 ☐ **Check (copy of cancel check or bank statement attached)**
 ☐ **Credit Card (customer copy of receipt, or statement copy)**
 ☐ **Other** _____

Original Itemized Receipt(s) Attached: ☐ **Total Amount \$**_____

Purpose of Purchases: _____

Please Charge my:

☐ **Incidentals**
☐ **Start-Up**
☐ **Grant/Gift – If Grant or Gift, Please Name:** _____
☐ **Other** _____

Requester Signature: _____

I certify that the above is a true statement.

For SSHA Office to Complete:

FAU: _____ **Sub:** _____ **Object:** _____

Project Code: _____ **Source:** _____

Please submit this form using the Reimbursement Boxes located in the SSHA Mailrooms, SSM 238 or COB 230. You may also submit your reimbursement in person at COB 259 or COB 250. If you would like to submit your reimbursement electronically, please send to
ssha.purchasing@ucmerced.edu