

ICB – MISCELLANEOUS REIMBURSEMENT REQUEST

Submit completed form along with all original receipts to ICB Main Office in 2626 Ellison

PAYEE INFORMATION

Name: _____ Date: _____

Phone Ext: _____ Email address: _____

Receive Reimbursement by: CHECK (enter address below) DIRECT DEPOSIT (only if set up)

Mailing Address for Check: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Project Code to charge:

UC Employee: YES NO UCSB Student: YES NO ICB Faculty Advisor:

California Nonresident?: YES NO *If "Yes," is work performed in California?: YES NO*

Nonresident Aliens?: YES NO *If "Yes," is work performed in US?: YES NO*

** If you receive direct deposit for your paychecks your reimbursement will be credited to your bank account in the same manner. Please make sure you enter your employee ID in the space provided. Reimbursements cannot be credited to your BARC account.*

FOR PAYMENTS TO OUTSIDE VENDORS/INDIVIDUALS

YES NO Independent Service Provider/Consultant?: *If "Yes," Individual/partnership? incorporated entity?*

DETAILS OF TRANSACTION

Transaction Total: _____ Vendor Used: _____

Items Purchased/ In Payment of: _____

Business Purpose& Justification: _____

SIGNATURES

I certify that these expenses were incurred for an official University business purpose.

Person Requesting Reimbursement

Date

Authorizing Signature (P.I.)

Date

Please contact ICB Purchasing at icbpurc@icb.ucsb.edu with any questions.