

Check Request Form

Please PRINT clearly

Submit to: Social Ecology Business Office
150 Social Ecology I

Date _____

Account Names or Account Funds to be Charged: _____

Account Names or Account Funds to be Charged: _____

Payee Name: _____

Address: _____
street address *apt #*

_____ *city* *state* *zip* *daytime phone #*

Social Security #: _____ - _____ - _____

U.S. Citizen Yes No

U.C.I. Employee I.D. # 090- _____

MEAL/ENTERTAINMENT REIMBURSEMENT

Check one: _____ Breakfast (\$15.00 limit/person) _____ Lunch (\$25.00 limit/person) _____ Dinner (\$40.00 limit/person)
_____ Light Refreshments (\$10.00 limit/person)

REMINDER: Alcohol cannot be reimbursed on state funds. Please provide additional funding source.

Name(s) of attendees: _____

If names exceed space

please attach a list to

check request form.

Total Amount: \$ _____

Check one: _____ Administrative Mtg _____ Prospective Appointee _____ Faculty-Student Meeting
_____ Official Guest _____ Meetings of a learned society/organization

Business Purpose: _____

Date(s) of Event & _____

Location: _____

Justification if exception: * _____

ACCOUNTING POLICIES FOR ENTERTAINMENT

<http://www.abs.uci.edu/depts/acctg/disburse/policy.html>

Required Documents: Original restaurant receipts - no copies are allowed. Receipts over \$75.00 required.

* Exceptions: Exceptions are not routine. The rates referenced above are to be adhered to and an explanation is required in the column above for any overage.

Official Guests: Defined as a person not otherwise employed or compensated by the University who renders a service to the University at the invitation of /or as a guest of the person authorized to approve the expenditure.

Preparer's name date

Authorized Signature for fund source date

Certification signature by host date

I certify that this is a true statement of entertainment/meeting expenses were incurred for official University business in accordance with the University policy on entertainment.

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Payee Name: _____

Address: _____
street address apt #

_____ city _____ state _____ zip _____ daytime phone #

Social Security #: _____ - _____ - _____

U.S. Citizen Yes No

U.C.I. Employee I.D. # 090 _____

REIMBURSEMENT/PAYMENT (FOR ENTERTAINMENT, SEE REVERSE SIDE)

Check one: _____ Single receipts under \$100 _____ HONORARIUM _____ *EXCEP. PURCHASE
Please see below _____ MEMBERSHIPS _____ HUMAN SUBJECTS _____ (Single receipts over \$100)

Business Purpose: _____ OTHER

who, what, where, when
and why

Total Amount requested: \$ _____

Justification if exception: * _____

ACCOUNTING POLICIES FOR REIMBURSEMENT/PAYMENT REQUESTS

<http://www.abs.ucl.edu/depts/acctg/disburse/policy.html>

***Exceptional purchase reimbursement-** Purchases outside of the approved purchasing procedure are exceptional - not routine. A written justification is required which addresses the following questions: Who, What, When and Why you needed to purchase the items.

Required documentation is original store receipt. If no receipt is given, a copy of canceled check, front & back, or a credit card statement is required.

Payment of Human Subjects - Attach copy of Human subject protocol, name of PI, date that you require the cash advance, indicate grant account and fund number to be charged. All human subject requests must have the PI's signature.

Honorarium payments - These are for academics, scholarly visitors and lecturers who are guests. Employees of the UC system are paid through the payroll system, not honoraria. Honoraria requests must include social security # and mailing address for check. Honoraria are limited to \$1,000. If over \$1,000, a letter of exception is to be prepared to Chancellor via the Dean. Letter must be signed by Chair or Faculty who offered this method of compensation -attach to form.

Other - Please call the Social Ecology Business Office for items not covered above.

Preparer's name _____ date _____

Ext. _____

Authorized Signature for fund source _____ date _____