

Department of Head & Neck Surgery  
Reimbursement Online Form

Attach all original receipts in this form to the MedEd Office.

Credit card payment requires a copy of the bank statement showing the expense was paid. Send completed form to MedEd team and attach all receipts and proof of payment (bank or credit card statements).

**Name (First and Last)**

**UID**

**Employee ID**

**Email Address**

**Select one that applies to you:**

**Descriptions:**

Please write a description and the requested amount of reimbursement

Total Reimbursement \_\_\_\_\_

For Medical Education Office Use Only

For Finance Office Use Only

Please attach **ALL** original receipts to this form. Credit card payment requires a copy of the Bank Statement showing the expense was paid.

*Note: If you have several receipts to upload, please combine them into one PDF document prior to uploading.*

**Receipt(s):**

*Please **combine** all the receipts into **one PDF document**.*

**Bank Statement:**

*Credit card payment requires a copy of the Bank Statement showing the expense was paid.*

**AGREEMENT:** I certify that above is a true statement and the expenses claimed were incurred by me on official university business on the date shown. I have also attached original receipts for ALL expenses, as required by the University policy. Furthermore, receipts **past 30 days** after travel is subject to tax. I acknowledge that personal/false claims are punishable by the department and the university. This has not been, nor will be, reimbursed by any source other than UCLA.