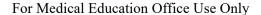
## Department of Head & Neck Surgery Reimbursement Online Form

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).

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 Finanace Office Use Only

Please attach <u>ALL</u> 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.