

Order and Non-Travel Reimbursement Form

Request Type: _____

PO#: _____

Requestor Information:

Department: _____

Date: _____

Requestor Name: _____

Email: _____

Delivery Address: _____

Comments:

Vendor/Payee Information:

Vendor/Payee Name: _____

Email/Contact Info.: _____

UCLA Employee: _____

UID#: _____

Remittance Address: _____

For non-employee reimbursements, provide remittance address.

Business Justification and/or Special Instructions:

Enter a detailed description of how, what, where, when, and why the goods or services will be used.

Procurement of Services:

For software purchases, please review [TPRM](#) instructions before submitting order form.

Quote/Invoice #:	Description of Service:	Total:

**Service-oriented transactions are NOT reimbursable(e.g. computer hardware, consultants, editing, software, subscriptions, website design/development, etc.)*

Procurement/Reimbursement of Goods:

Qty:	Catalog#:	Description of Item:	Unit Price:	Total:

**For reimbursements of goods, please provide copy of receipts and proof of payment* Grand Total:

*** Per UC Policy 741, reimbursements are limited to \$1,000 per item.*

Financial Information:

	Fund Name	Acct.	CC	Fund	Project	Sub	Object	Source	% or Amount
1.									
2.									
3.									
4.									

Required Signatures:

I certify that the above expenses are purchased on official University Business. Per UC Policy 741, I acknowledge that all office supply or equipment purchases are the property of UCLA.

PI/Supervisor: _____

Print Name
Signature
Date

Fund Manager: _____

Print Name
Signature
Date