

## **Order and Non-Travel Reimbursement Form**

PO#:

Request Type:

Requestor Inf	ormation:	Vendor/Payee Information:				
Department:		Vendor/Payee Nam	ne:			
Requestor Name:	Date:	VCK#:	Phone#:			
Phone#:		Email:				
Email:		If UCLA employee,	provide UID:			
Delivery Address:		Remmitance 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, continue on pg. 2 if needed.

#### Procurement of Services:

For software purchases, please review **TPRM** instructions before submitting order form.

## Quote/Invoice#:

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**Description of Service:** 

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

Procurement/Reimbursement of Goods:							
Qty:	Catalog#:	Unit Price:	Total:				
*For reim	bursements of good	s, please provide copy of receipts and proof of payment.	Grand Total:				

\*For reimbursements of goods, please provide copy of receipts and proof of payment. \*\* 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:

Fund Manager:

Print Name

Signature

Date

Total:



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Comments:

UCLA Insurance & Risk Management

## **Waiver of UC Insurance Requirements**

Business & Finance Bulletin **BUS-63** requires that all contractors performing work on behalf of the University provide evidence of adequate insurance coverage, indicated on a Certificate(s) of Insurance. Insurance provides financial backing for the contractor's promise to indemnify and hold harmless the University from any liabilities that might result from their actions.

BUS-63 also affords Campus Risk Management the flexibility to reduce insurance requirements if the work is deemed to be of a low risk endeavor.

# Blanket Waiver Acceptable (only if all of the following are met):

- 1. The service has not yet been provided.
- 2. Independent contractors providing work that takes place outside of UC property.
- 3. Type of services are in the following areas: editing, proofreading, or interpretation where a University employee will provide final approval over the completed work product. Additionally, University academic departments can obtain waivers for data collection, data entry, data mining, data analysis or research work.
- 4. The work will NOT involve any Personal Identifiable Information (PII), or other information subject to Health Insurance Portability and Accountability Act (HIPPA).
- 5. The service provided will not include any type of training for University employees, physical activity, transportation or travel, or interaction with minors.
- 6. The value of the payments to the vendor is capped at \$10,000 annually, with a three-year limit on contract duration.

### Blanket Waiver Not Acceptable:

- 1) The services have already commenced.
- 2) There is a substantial, on-premises liability exposure.
- 3) The scope of the work involves interaction with minors.
- 4) The scope of the work involves sensitive and/or protected information.

Departments may submit a Request for Waiver of Insurance Requirements if the contractors meet some, but not all of the blanket waiver requirements.

If you would like to request a waiver, please email the form to <u>glreports@irm.ucla.edu</u>.

<u>Please allow one (1) week for the waiver</u> of UC Insurance Requirements to be reviewed.

The approval is an exception to UC Policy BUS 63, which means the contractor will not have insurance coverage. Departments must be comfortable assuming this risk.