

Osher Lifelong Learning Institute at UCI

REIMBURSEMENT FORM: Use this form to claim reimbursement of budgeted out-of-pocket expenses by committee members.

Name: _____ Phone: _____ Date: _____

Address: _____

Committee: _____

Receipt Date	Vendor	Reason For Purchase	Items Purchased	Amount	Account # (do not fill in)

TOTAL \$ _____

_____, _____
Signature of Claimant Date

_____, _____
Signature of Committee/Subcommittee Date

Approved _____, _____
Signature of Treasurer/SE Treasurer Date

**PLEASE MAKE SURE FORM IS COMPLETELY FILLED OUT!
ATTACH ORIGINAL RECEIPTS TO FORM**

DIRECTIONS: Mail to: M. Byrne, 2110 Catalina St. Laguna Beach, CA 92651 or leave in box in OLLI office for SE reimbursements

Mail to: S Nussbaum, 13 Warmspring, Irvine, CA 92614 or leave in box in OLLI office for all other requests