

**RECREATION DEPARTMENT**  
**MY PAYMENT/Reimbursement Request Form**  
**PRINT CLEARLY**

Date: \_\_\_\_\_  
 Requester: \_\_\_\_\_  
 Event: \_\_\_\_\_  
 Date of Event: \_\_\_\_\_  
 Location: \_\_\_\_\_  
 Program Area: \_\_\_\_\_  
 INDEX #: \_\_\_\_\_

DUE DATE: \_\_\_\_\_  
 \_\_\_ Normal Process  
 \_\_\_ High Priority

Please anticipate a minimum of 20 business days upon receipt.

FOR BUSINESS OFFICE USE ONLY:

Date received: \_\_\_\_\_

Make Check payable to:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

SSN or (Tax ID #): \_\_\_\_\_ on File ( )

E-mail: \_\_\_\_\_

Employee of UCSD: Yes ( ) No ( )                      Student:            Yes ( ) No ( )

Mail Check to payee: ( )    or send to:    MC 0529 ( )

**\*\*Costs: (Include a clearly printed detailed description of purchases on the back of this form)**

	\$
	\$
	\$
	\$
	\$
Total:	\$

\*Requester (signature): \_\_\_\_\_ Date: \_\_\_\_\_

Print Name and email: \_\_\_\_\_

\*Program Director (signature): \_\_\_\_\_ Date: \_\_\_\_\_

Print Name and email: \_\_\_\_\_

**\*Must have signatures to process**

- **Must be reconciled within 5 days after event**

**\*\*Include invoice with one of the following:**

- Copy of processed check front and back, Bank Statement with name and last 4 credit card number OR**
- Proof of paid invoice in your name**