

Recreation - Sports Clubs
My Payment/Reimbursement Request Form
PRINT CLEARLY

Date: _____
 Requester: _____
 Event: _____
 Date of Event: _____
 Location: _____
 INDEX # (Office Use Only): _____
 Reimbursement for: _____

DUE DATE: _____
 ___ Normal Process
 ___ High Priority

Please anticipate a minimum of 20 business days upon receipt.

FOR BUSINESS OFFICE USE ONLY:

Date received: _____

Name: _____
 Email: _____

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

Purchases and Costs: (Include a clearly printed **detailed** description of purchases)

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

*Requester (signature): _____ Date: _____

Print Name and email: _____

*Program Director (signature): _____ Date: _____

***Must have signatures to process**

- **Must be reconciled within 5 days after event**
- **Must have an invoice and one of the following:**
 - Copy of processed check front and back
 - Bank Statement with name and last 4 credit card number,
 - Proof of paid invoice in your name

If you are not in the pay system, you will receive an email from **Payment Compass, please follow the instructions to sign up in order to be reimbursed**