



GRADUATE ASSEMBLY EXPENDITURE REIMBURSEMENT FORM

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FOR OFFICE. DO NOT WRITE HERE!

DATE RECEIVED: _____

INITIAL: _____

TIME: _____

INTRODUCTION

PLEASE BE SURE THIS FORM IS THOROUGHLY COMPLETE. INCOMPLETE FORMS WILL DELAY YOUR REIMBURSEMENT FOR AT LEAST 2-4 WEEKS.

- FOR CHECKS & PETTY CASH ATTACH ORIGINAL RECEIPTS TO THIS FORM. DO NOT ATTACH CREDIT CARD RECEIPTS UNLESS THEY ARE ACCOMPANIED BY DATED, ITEMIZED & COMPANY STAMPED ORIGINAL RECEIPTS. FOR POS, ATTACH AN ESTIMATE OF YOUR EXPECTED COSTS.
- WHEN ALL FORMS & INFORMATION ARE CORRECT & TIMELY, ALLOW 3-5 BUSINESS DAYS FOR PURCHASE ORDERS & PETTY CASH VOUCHERS, 5-7 FOR CHECKS, & 7-10 FOR PERSONAL SERVICE AGREEMENT CHECKS (PSA).
- PSA REQUESTS MUST BE RECEIVED TWO (2) WEEKS PRIOR TO THE DATE OF YOUR SERVICE.
- ALL REIMBURSEMENTS ARE AVAILABLE TO P/U FROM ANTHONY HALL OR REQUESTS CAN BE MADE TO MAIL CHECKS ONLY.
- DO NOT FAX THIS INFORMATION! THE GA DOES NOT ACCEPT FAXED ERS, RECEIPTS OR APPLICATIONS.

SECTION ONE

Today's Date: _____ Phone Number (Campus): _____ Ext. _____ Home () _____
 Name of Organization and Project (list both): _____ Your Name (Print): _____ Signature: _____

SECTION TWO

WHAT TYPE OF REIMBURSEMENT OR EXPENSE FORM ARE YOU REQUESTING ?

• Check one box only. You must attach ORIGINAL receipts before reimbursement will be considered. •

- | | | |
|---|--|---|
| <input type="checkbox"/> CHECK REQUEST/CA REQUEST | <input type="checkbox"/> CA RECEIPTS (#CR _____) | <input type="checkbox"/> PURCHASE ORDER |
| <input type="checkbox"/> PERSONAL SERV. AGREEMENT/CHECK REQUEST | <input type="checkbox"/> DEPOSIT/GA | <input type="checkbox"/> INVOICES # _____ |
| <input type="checkbox"/> PETTY CASH (Requests of \$50 or less) | <input type="checkbox"/> DEPOSIT/GSA | <input type="checkbox"/> JOURNAL TRANSFER |

SECTION THREE

WHAT TYPE OF GA GRANT/FUNDING DID YOU RECEIVE? CHECK ONE ONLY.

- | | | |
|---|--|---|
| <input type="checkbox"/> EDUCATIONAL IMPROVEMENT GRANT PROJECT • 30-32-385
EIGP Coordinator Approval _____ | <input type="checkbox"/> CAMPUS DIVERSITY • 30-32-500 | <input type="checkbox"/> GA TRUSTEE ACCOUNTS • 30-32-_____
Business Dir/Officer Approval _____ |
| <input type="checkbox"/> STUDENT ACTIVISM • 30-32-501 | <input type="checkbox"/> GRADUATE EVENTS • 30-32-390 | <input type="checkbox"/> GA OFFICE CODES 30-32-_____
Business Dir/Officer Approval _____ |
| <input type="checkbox"/> COMMUNITY SERVICE • 30-32-502 | <input type="checkbox"/> PROJECTS AND SERVICES • 30-32-395 | |
| | <input type="checkbox"/> TRAVEL GRANT FUNDING • 30-32-396 | |

SECTION FIVE • MAKE PAYMENT TO?

Reimbursement check, Petty Cash Voucher, Purchase Order made to:

NAME: _____ BUS/HOME#: () _____ EXT. _____
 STREET ADDRESS: _____ APT. _____ CITY/ST/ZIP: _____

SPECIAL INSTRUCTIONS/NOTES:

SECTION SIX • EXPENDITURE DESCRIPTION -

For Checks Only - Would You Like Your Check (Choose one): _____ Mailed _____ Held (picked up at the GA - Anthony Hall)

• List the event and attendance. What was purchased, for what purpose & when? Identify funding round. Be clear & descriptive. •

• NAME OF EVENT: _____ EVENT DATE: _____ # ATTENDING: _____ FUNDING ROUND # _____ •

ITEM DESCRIPTION	# PURCHASED	LIST ALLOCATED AMOUNTS FROM YOUR AWARD LETTER (if applicable)	LIST THE ACTUAL OR ESTIMATED (PO) COST OF EXPENSES
1. Example - Supplies: paper, pens, disks for General Operations	1 ream, 2 bxs pens/disks	\$ 50.00	\$ 52.06
1 _____	_____	\$ _____	\$ _____
2 _____	_____	\$ _____	\$ _____
3 _____	_____	\$ _____	\$ _____
4 _____	_____	\$ _____	\$ _____
5 _____	_____	\$ _____	\$ _____
		TOTAL NOT TO EXCEED	TOTAL SPENT: \$ _____
		\$ _____	TOTAL REIMB.: \$ _____

DID YOU REMEMBER TO?:

- ATTACH ORIGINAL RECEIPTS THAT ARE DATED, ITEMIZED, WITH THE COMPANY STAMP/IMPRINT
- FILL OUT THIS FORM COMPLETELY WITH DETAILED INFORMATION. DO NOT FILL IN SHADED AREA.
- FILL IN ALL PARTS OF THE PERSONAL SERVICE AGREEMENT FORM (SSN/SIGNATURE)
- MAKE COPIES OF YOUR FORMS AND RECEIPTS
- REGISTER AS A STUDENT GROUP
- HAND YOUR FORM TO THE BUSINESS OFFICE STAFF

FOR OFFICE USE ONLY

GA Office Code: _____ Amount: \$ _____ Group Code: _____ Amount: \$ _____
 •Additional Code (s): _____ Amount: \$ _____ •Additional Code (s): _____ Amount: \$ _____

FOR OFFICE USE ONLY

REG GL GF/AW CL SENT RCVD RD# CR#