



ADVANCE Program
for Equity and Diversity
KFS Reimbursement Form

Event Information

Event Host (Payee): _____ Event Date: _____

Explanation:

Purpose:

Business Meeting

Programmic Activities

Attendees:

may attach separate
page if necessary

Expenses: \$ _____ Out of Pocket \$ _____ UCI Corporate Card

Total Expenses: \$ _____

To receive reimbursement please complete this form, provide signature, attach appropriate paperwork, and return the complete packet to your school's Equity Advisor. The Equity Advisor will forward the information to the ADVANCE Program, ATTN: Samantha Anderson-Mekhail, 515 Aldrich Hall, ZC 1000-25 (949-824-1540)

Along with this form, please provide the following documentation:

- Original itemized receipts
- Attendee list (with affiliation to UCI)
- Agenda/flyer (if applicable)

Host Certification

I hereby certify the above is a true statement of travel or entertainment expenses incurred by me in accordance with the rules of the University of California, Irvine and the entertainment/meeting was relevant to official university business.

Signature (Event Host/Payee)

Date

Equity Advisor Approval:

Signature

For ADVANCE Use Only:

Event Title: _____

KFS Account Number: _____

Project Code: _____

Org Ref ID: _____

KFS Doc Number: _____

Document Creation Date: _____