



1020 "O" Street, Sacramento, CA 95814

Check one: Reimbursement Direct Pay

Claimant	
Address	
Phone	

Payee (if different)	
Address	
Phone	

Purpose:					
DATE	ITEM	AMOUNT	RECEIPT ATTACHED? Y/N	COMMITTEE	APPROVAL
TOTAL					

If committee expense, please submit to Committee Chair for signature. Original signatures needed below.

Signature: _____ Date: _____

Signature -- Committee Chair: _____ Date: _____

**MAIL TO: Liz Phillips
UC Davis Library
100 North West Quad
Davis, CA 95616**

For Treasurer Use Only:			
Date Paid: _____	Check #: _____	Amount: _____	Fund: _____

Unbudgeted expenses of \$26.00 to \$100.00 must receive prior approval from the Treasurer.
 Unbudgeted expenses of \$101.00 to \$149.00 must receive prior approval of the President.
 Unbudgeted expenses over \$150.00 must receive prior approval of the Board.
 2015 Mileage Rate: \$0.575 per mile.