



UC San Diego
SKAGGS SCHOOL OF PHARMACY
AND PHARMACEUTICAL SCIENCES

General Expense Form

PURPOSE: Use this form to request reimbursement for all items purchased with your personal money (except travel and entertainment).

Date: Name: Social Security Number:

Email Address: Phone Number:

Address or
Mail Code:

Items:

Purpose of Items:

Index(s) To Be Charged:

Amount to be reimbursed:

PLEASE ATTACH ALL ORIGINAL RECEIPTS TO THIS FORM AND SUBMIT TO YOUR ADMINISTRATIVE CONTACT PERSON