

This form is a required attachment for all Guest Policy Expense Reports created in MyExpense. The completed and signed form must be attached before the Expense Report is submitted.

Complete the form, print, obtain guest signature **or** complete and sign on behalf of the guest. Scan and attach completed and signed form to the Expense Report. See the job aid [Creating an Expense Report for a Non-Employee in MyExpense](#) for more information.

Expense reimbursement claim for the amount of \$ _____

Payable to _____

I certify that the expenses were incurred by me while on official University business on the dates shown, and that no expenses claimed as reimbursable relate to personal or unallowable expenses. I also certify that I did not receive reimbursement from any other source(s) for the expenses claimed. In the event of an overpayment, or if payment is received from another source for any portion of the expenses claimed, I assume responsibility for repaying UC Regents in full for those expenses.

Signature: _____

Print Name: _____

Date: _____

*To be completed **only** if UCSF employee is **signing on behalf of the guest**. All fields required.*

Signature: _____

Print Name: _____

Job Title: _____

Date: _____