



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, 515 Aldrich Hall, ZC 1000-25 (949-824-8250)

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 \_\_\_\_\_

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: \_\_\_\_\_