



1020 "O" Street, Sacramento, CA 95814

Check one: Reimbursement  Direct Pay

<b>Claimant</b>	
<b>Address</b>	
<b>Phone</b>	

<b>Payee (if different)</b>	
<b>Address</b>	
<b>Phone</b>	

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

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature -- Committee Chair: \_\_\_\_\_ Date: \_\_\_\_\_

**MAIL TO: Kate Tasker  
The Bancroft Library  
University of California  
Berkeley, CA 94720-6000**

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.  
 2017 Mileage Rate: \$0.535 per mile.