## UCDAVIS Supply Chain Management



## **Confirming Order Justification**

This form must accompany any request for reimbursement of purchases in excess of \$500. Attach the fully executed justification to the accompanying AggieTravel expense report. [\*Required field]

*Today's Date:	*Declarant Name:			
I declare that I disbursed my personal monies and/or made an unauthorized purchase on behalf of The Regents of the University of California, Davis as follows:				
*Purchase Date:		*Amount Paid:		
*Vendor Name:		*Vendor Address:		
*Description of purchase:				
*Business purpose:				
*Describe steps the department has taken to prevent further unauthorized purchases:				
Based on the forgoing declaration I am attaching the original supporting documentation (invoice and proof of payment or paid receipt) and hereby request the Regents of the University of California reimburse me for this disbursement of my personal monies. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.				
Declarant Signature:			Date Signed:	
Department Head Signature:	Department He	Department Head Name:		Date Signed:
Dean or Vice Chancellor Signature	Dean or Vice Ch	Dean or Vice Chancellor Name:		Date Signed:

Form version: SCM.conf.8.2018 This form is not applicable to UC Davis Health