

## **Confirming Order Justification**

This form must accompany any request for reimbursement of purchases made with personal funds. Attach the completed justification to the accompanying AggieExpense report. **Department Head signature is required for requests up to \$500.00, including taxes and shipping, AND compliant with P&PM 350-10. Dean or Vice-Chancellor signature is required for requests over \$500.00 AND those not compliant with P&PM 350-10.** [\*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: *Amou		nt Paid:	
*Vendor Name:	*Vendor A	*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).  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 Head I	Department Head Name:	
Dean or Vice Chancellor Signature	Dean or Vice Chancellor Name:		Date Signed:

Form version: SCM.9.2022 This form is not applicable to UC Davis Health