



UNION UNIVERSITY  
OF CALIFORNIA

**Union University of California**

14200 Goldenwest Street

Westminster, CA 92683

Email: [finance@uuc.edu](mailto:finance@uuc.edu)

Phone: (714) 677-2076

## REIMBURSEMENT FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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Submitted By: \_\_\_\_\_

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

Approved By: \_\_\_\_\_

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