

Section D) Payee Information for Tournament/Competition Participants Requesting Reimbursement *

In this section, provide the full legal name and UCSD email address of the tournament/competition participants requesting a reimbursement from their approved funding source. For the expense type breakdown, list the amount of each expense type that each participant paid. The total amount paid does not reflect what the individual student will receive as reimbursement.

All participants who are requesting reimbursement must be registered in [Payment Compass](#).

Name of Traveler (First & Last Name)	UCSD Email	Expense Type Breakdown					
		Air Travel	Lodging	Registration	Ground Transportation	Other (Insurance)	Total Amount Paid
1		\$	\$	\$	\$	\$	\$
2		\$	\$	\$	\$	\$	\$
3		\$	\$	\$	\$	\$	\$
4		\$	\$	\$	\$	\$	\$
5		\$	\$	\$	\$	\$	\$
6		\$	\$	\$	\$	\$	\$
7		\$	\$	\$	\$	\$	\$
8		\$	\$	\$	\$	\$	\$
9		\$	\$	\$	\$	\$	\$
10		\$	\$	\$	\$	\$	\$
11		\$	\$	\$	\$	\$	\$
12		\$	\$	\$	\$	\$	\$
							\$