

Example

**UC Santa Barbara
ERGONOMICS MATCHING FUND APPLICATION FORM**

INSTRUCTIONS:

1. Complete this application form entirely in order to be reimbursed.
2. Provide the budget number to be credited with the Matching Fund Amount. Route to your supervisor/business manager for approval.
3. Submit completed form and copy of invoices or receipt to: Julie McAbee, Ergonomics Coordinator, Mail Code: 5132.

REIMBURSEMENT DATA (Please print clearly)			
Department: UCSB		Budget Number: 8 - 999999 ___ - 99999 ___ - 3	
Employee who will use furniture: Gaucho	Last name	First name Joe	M.I.
Employee phone: 893-5555		E-mail address: joe.gaucho@ucsb.edu	
Supervisor:	Phone:	E-mail:	
Preparer: Joe Gaucho		Phone: 893-5555	E-mail:
Date of workstation evaluation: 12/13/14		Performed by: Julie McAbee/Caitlin Kenagy	

ACCESSORIES COVERED AT 50% (keyboard trays, keyboards, document holders, mice, headsets)	COST
1. WorkRite Banana Board	\$ 279.72
2. Document Holder	\$ 104.76
3.	\$
4.	\$
5. TOTAL COST OF ACCESSORIES	\$ 384.48
6. REIMBURSEMENT FOR ACCESSORIES (50% of Line 5)	\$ 192.24
CHAIRS OR DRAGON SPEAKING SOFTWARE (\$100 reimbursement)	COST
7. Chair	\$ 632.35
8.	\$
9. REIMBURSEMENT FOR CHAIR/DRAGON SPEAKING (\$100 each)	\$ 100.00
TOTAL Matching Fund Amount (line 6 + 9) / < \$500 (Per employee, not per request)	\$ 292.24

MATCHING FUND LIMITS AND REQUIREMENTS:

1. Applies only to: a) UCSB employees; b) Furniture/accessories to be used at UCSB; c) Furniture/accessories purchased for individual employees (not associated with new construction, renovation and relocation projects); and d) Pre-approved furniture and accessories as recommended by Ergonomics Coordinator.
2. Limits/ deadline: Not to exceed \$500 per employee total (not per request). Matching Fund program effective until established funds are depleted.
3. Workstation evaluation: Employee must receive a workstation evaluation and recommendations. Workstation evaluation must be performed by UCSB Ergonomics Unit.
4. Submissions: Submit copies of furniture/ accessories invoices and/or receipt with amount paid and this application form to qualify for ergonomics matching fund transfer.
5. Contact: Julie McAbee, Ergonomics Coordinator, extension 3283, if you have questions regarding this program.

I have read, understand and accept the terms, conditions and requirements of the Computer Ergonomics Matching Fund.

Signed by supervisor or other authority
Supervisor or Signature Authority

1/1/15

Date

Workers' Compensation Approval:		
Julie McAbee, Ergonomics Coordinator	Date	Mar Tyrrell-Simpson, WC Manager
		Date

Example

Invoice 11/7

ECWest

805 aerovista place suite 101
san luis obispo, ca 93401
805.439.2215
ergowest@charter.net
www.ergocomfortwest.com

L7W0000073657



bill to: Accounts Payable
UCSB
3201 Student Affaris & Admin Services Bldg
(SAASB)
Santa Barbara CA 93106-2040
PO# ~~XXXXXXXX~~

invoice: GW 73657
date: 11.5.14
terms:

qty	model#	description	unit	exten'd
1	2128-22	Banana Board	\$ 259.00	\$ 259.00
1	2550B	Doc Holder	\$ 97.00	\$ 97.00

Remit to: Either Address Is OK

ECWest 805 aerovista place suite 101, san luis obispo, ca 93401
or
ECWest po box 1526, pismo beach ca 93448

sub-total:	\$	356.00
tax:	\$	28.48
freight:		FREE
total due:	\$	384.48

thank you!

D.I.R

CA
11/29/14

Example



11/25

TRI COUNTY OFFICE FURNITURE
Lic. No. 773288

Corporate Office
230 Santa Barbara St.
Santa Barbara, CA 93101
Phone (805)564-4060
Fax (805)564-4042
www.tcof.com

INVOICE: 108445
DATE: 11/24/14
PROPOSAL: 79183
PROJECT#: 10-1818

BILL TO: 016908

University of California Santa Barbara
3201 SASS - Admin Payable
Santa Barbara, CA 93108-2040

DELIVER TO:

University of California Santa Barbara
~~_____~~
~~_____~~
~~_____~~

CONTACT NAME:
PH:

ACCT'S PAYABLE: e-mail
invoicessonly@ufs.ucsb.edu

CUSTOMER P/C:
0W0000073778

TERMS
Net 15

SALESPERSON
Linda Hale

<u>#</u>	<u>QTY</u>	<u>PRODUCT</u>	<u>DESCRIPTION</u>	<u>SELL</u>	<u>EXTENDED</u>
1	1	173PB-SS-PC +1A/4001	Sitmatic Super Alpha Task Chair, sliding seat, tile casters Fabric: Dreamweave/Black 4001	\$40.50	\$40.50
2	1	Delivery	Receive, deliver and set in place	45.00	45.00

WIN NOV 25 A @ 22

PRODUCT TOTAL: 840.50
DEL/ASSEMBLY: 45.00

SALES TAX: 46.85

GRAND TOTAL: 932.35

PAY THIS AMOUNT: 932.35 ✓

It is understood and agreed that the above merchandise remains the property of TRI COUNTY OFFICE FURNITURE, INC. until delivered and paid for in full. Tri County Office Furniture, Inc. reserves the right to pick-up and repossess all furniture not paid for in full under the agreed terms and conditions. Purchaser agrees to pay a service charge/late fee at the rate of 1.5% per month (18% annual rate) on delinquent accounts and to pay all collection costs and reasonable attorney fees if suit is instituted. ALL ORDERED PRODUCT IS DEEMED SPECIAL ORDER AND MAY NOT BE RETURNED FOR CREDIT OR REFUND. A 30% restocking fee will be charged for all returned merchandise that was purchased from stock.

U.F.R.
ca
12/2/14