

Expense Reimbursement



Student Name:
Class:

Expense Period

From:
To:

Faculty Name:

Purpose:

Itemized Expenses

| DATE | DESCRIPTION | CATEGORY | COST |
|------|-------------|----------|------|
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|---------------------|----|---|
| SUBTOTAL | \$ | - |
| Less Cash Advance | | |
| TOTAL REIMBURSEMENT | \$ | - |

Don't forget to attach receipts!

Requestor's Signature _____ Date _____

Approval Signature _____ Date _____