



EXPENSE APPROVAL
Business Expense

Name of Person or Business To Be Reimbursed _____ Date _____

Employee I.D. No. or Vendor I.D. No. _____ P.O. _____

Department _____

Campus Address _____

Account: _____ Fund: _____ Dept. I.D. _____

Program: _____ Class: _____ Project/Grant #: _____

Remit to Address: _____

Purpose for Incurring the Expense:

Table with 3 columns: Date of Expenses, Location and description of expenditure(attached receipts)*, Total

*The name(s), title, company, affiliation and business relationship of the person(s) in attendance are required.

I certify that the expenses are in accordance with the provisions of Trustee Policy T92-031. All relevant documentation is attached. Signature _____ Person Incurring Expense Title _____ Date _____

These expenses are appropriate As to purpose and the amount of \$ _____ Is approved for reimbursement. Signature _____ Immediate Supervisor Title _____ Date _____

Fiscal Administrator The chartfields to which these expenses are charged is appropriate for business expenses and has the necessary funds to cover the expenditure. Fiscal Administrator (Signature) _____ Title _____ Type Name _____ Date _____