

EXPENSE APPROVAL

Business Entertainment Expense - Employee Reimbursement

Name of Person or Business To Be Reimbursed _____ Date _____

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

Department _____ Account _____

Campus Address _____ Obj. Code _____

Purpose for incurring the expense:

Date of Expenses	Location and description of expenditure. (attached receipts)*	Total
TOTAL		

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

I certify that the expenses are in accordance with the provisions of Trustee Policy T92-031. All relevant documentation is attached.	These expenses are appropriate as to purpose and the amount of \$ _____ is approved for reimbursement.
Signature _____ Person Incurring Expense	Signature _____ Immediate Supervisor
Title: _____ Date: _____	Title: _____ Date: _____

Fund Administrator

The account to which these expenses are charged is an appropriate account for business expenses and has the necessary funds encumbered to cover the expenditure.

Fund Administrator (Signature) _____ Title _____

_____ Date: _____

Type Name _____