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 #: __________

Purpose for Incurring the Expense:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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

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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 ________

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 _____________________________

Business Expense Form 03/2010