University of Massachusetts Amherst

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: Remit to Address:	Class:	Project/Grant #:	
Purpose for Incurring the Expense:			
Date of Expenses	Location and description of expendi	ture(attached receipts)*	Total
		Total	
*The name(s), title, c in attendance are rec	ompany, affiliation and business rela quired.	ationship of the person(s)	
I certify that the expenses are in accordance with		These expenses are appropriate	
the provisions of Trustee Policy T92-031.		As to purpose and the amount of \$	
All relevant documentation is attached.		Is approved for reimbursement.	
Signature		Signature	
Person Incurring Expense		Immediate Supervisor	

Title

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

Date _____

Fiscal Administrator (Signature)

Title

Title_____

Type Name

Date

Date____