



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: _____ 000 **Class:** _____ **Project/Grant #:** _____

Remit To Address: _____

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 are 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 _____

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 _____