

Treasurer Use Only.	☐ Approved ☐ Declined	Reason
Date	Check Amount	Check Number
USC APSA Reimbursement	<b>_</b>	Student Alliance (APSA) ee Ramirez, Director of Financial Affairs psramire@usc.edu
<ul> <li>All required fields on this form must be completed for reimbursement.</li> <li>The original receipt with items highlighted is required.</li> <li>This form plus the receipt(s) must be turned in to the APSA Treasurer within two weeks of the event date (reimbursement forms will not be accepted after that time). Forms may be hand written or typed but original receipts or very good copies are required.</li> <li>The name entered is the name that the check will be made out to.</li> </ul>		
Date	Name	
E-mail Position/Title		
Date of Activity Activity		
Check all that apply and specify below under "Description."  □ Food/Rental □ Postage/Supplies/Printing □ Travel □ Conference □ Other  Please itemize all expenses below (use additional form if necessary).		
	Description	Cost
	TOTAL REIMBU	RSEMENT
I understand all the rules and conditions for reimbursement. X		