NAME:	DATE:  Receipts in support of all expenses must be attached to this form.						
DEPT. #: _							
Date	Business Purpose	Trans- portation	Meals	If Paying for Other Individuals List Names	Hotel	Other	TOTAL
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00 \$0.00
		\$0.00	\$0.00		\$0.00	\$0.00	\$0.00
Acct #		for	\$0.00	Acct #	Acct #		\$0.00
Acct #		for	\$0.00	Acct #	Acct #		
Acct#		for	\$0.00	Acet #		for	
		TOTAL EXPE	\$0.00				
			•	APPROVED FOR PAYM	ENT		
Signed _			-	DEPARTMENT HEAD/I	DEAN/VICE P	RESIDEN	IT.

NOTE: All reimbursements require two signatures. If reimbursement is to a department head then the appropriate Dean/Vice President must sign.