

EXPENDITURE FORM

Date: _____

NOTE: All reimbursements must be submitted within 60 days to be paid. All November & December reimbursements must be submitted before December 20 in order to be paid.

Type (circle one): Reimbursement
 Prepayment
 Charge to be invoiced

Committee/Department _____

Approved by (signature) _____

Budget Line Item _____

Reimbursement or Prepayment check to be made out to:

Name _____

For _____

Amount _____

Send check to (mailing address or box) _____

Charge to be invoiced by:

Company _____

For _____

Date received/service performed _____

Expected Amount _____

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