



University Finance Office

BUSINESS EXPENSE FORM

Information of Person Incurring Expense:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail Address: _____ Phone#: _____

Business Expenses:

Expense #1 Date: _____

Business Purpose: _____

Business Location: _____

Guests/Attendees: _____

Amount: _____

Expense #2 Date: _____

Business Purpose: _____

Business Location: _____

Guests/Attendees: _____

Amount: _____

Expense #3 Date: _____

Business Purpose: _____

Business Location: _____

Guests/Attendees: _____

Amount: _____

Total Reimbursement: _____

I hereby verify the above expenses are business related and incurred by me. Itemized original receipt(s) are attached.

Signature of person seeking reimbursement

Date

Approving Manager's Print Name

Approving Manager's Signature

Date