

## Expense Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Credit Card Purchase**

Place of Purchase: \_\_\_\_\_

Amount of Purchase: \$ \_\_\_\_\_

Item(s) Purchased: \_\_\_\_\_

**Reimbursements**

Name of Purchaser & Address: \_\_\_\_\_

Amount of Reimbursement: \$ \_\_\_\_\_

Purpose of Reimbursement: \_\_\_\_\_

**Check Request**

Payee & Address: \_\_\_\_\_

Amount of Check: \$ \_\_\_\_\_

Purpose of Check: \_\_\_\_\_

Budget Category / Subcategory: \_\_\_\_\_

Approved by: \_\_\_\_\_

*\*All expense forms MUST have receipt/invoice attached*



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