



Please Select One of Below

		COWMUNITY		Hold for pickup Mail (to address on file)	
Date		Expense Report		Direct Deposit (sign up via GaelExpress)	
Recipient name		Student ID#			
Address		City	State	Zip	
Telephone number		Club Name			
Event/Reason fo	or reimbursement				
	-	Itemized Expense Reco		inance)	
Date Company Item(s) purchased			·		
Date	Сопрану	rem(s) pur	Chascu	Amount	
			1-44-1		
Total Expenses				\$ 0.00	
Less Cash Advance (If Applicable) (Enter Negative Number -) BALANCE DUE TO RECIPIENT				¢ 0 00	
BALANCE DUE TO RECITIENT				\$ 0.00	
AMOUNT DU	JE SMC (Funds not spe	ent) Deposit Slip Attache	ed		
Account number 10-4-4113 - 72 Total				cal	
Account number 10-0-4112 - 27 098 Tota				al	
Recipient Signature Dat				ate	
Club President/Treasurer Signature De				ate	
AS VP for Finance Signature				ate	
SIL Signature (required if over \$100)				ate	

^{*}Expense report/cash advance reconciliations must be submitted within **TWO WEEKS** of event.

^{*}Expense report will only be honored if expenditures were **pre-approved** by Club President or Treasurer.

^{*}Expense report subject to approval by AS VP for Finance and/or Student Involvement and Leadership.