



Please Select One of Below

- Hold for pickup
- Mail (to address on file)
- Direct Deposit
(sign up via GaelExpress)

Date _____

Expense Report

Recipient name _____ Student ID# _____

Address _____ City _____ State _____ Zip _____

Telephone number _____ Club Name _____

Event/Reason for reimbursement _____

Itemized Expense Record

(Submit completed form, original receipts, and a copy to the AS Vice President for Finance)

Date	Company	Item(s) purchased	Amount

TOTAL EXPENSES	
LESS CASH ADVANCE (IF APPLICABLE)	
BALANCE DUE TO RECIPIENT	

AMOUNT DUE SMC (Funds not spent) Deposit Slip Attached	
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Account number 10-4-4113 - 72 __ __ - __ __ __ **Total** _____

Account number 10-0-4112 - 27 __ __ - 098 **Total** _____

Recipient Signature _____ Date _____

Club President/Treasurer Signature _____ Date _____

AS VP for Finance Signature _____ Date _____

SIL Signature (*required if over \$100*) _____ Date _____

*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.