Saint Mary's College of California  
**Associated Students (AS) Expense Report**  
(Submit completed form, original receipts, and a copy to the AS Vice President for Finance)

Recipient name _________________________________  
Student ID # _________________________________

Address ____________________  
City ______________  
State ______  
Zip____________________

Telephone number ______________  
Club Name ______________

Event/Reason for reimbursement ______________________________________________________

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<tr>
<th>Date</th>
<th>Company</th>
<th>Item(s) purchased</th>
<th>Amount</th>
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**TOTAL EXPENSES**

**LESS CASH ADVANCE (IF APPLICABLE)**

**BALANCE DUE TO RECIPIENT**

**Account number 10–0–4112** - ________  
**Total $ ________ . ____**

**Account number 10–0–4112** - ________  
**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.