SDSU Little International

Expense Reimbursement

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Staff Member Name:

Position:

Email Address:

Phone Number:

Exec Team Member:

Student ID Number:

Purpose:

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Itemized Expenses:

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| --- | --- | --- |
| DATE | DESCRIPTION | COST |
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Less Cash Advance

SUBTOTAL

TOTAL REIMBURSEMENT

**Don't forget to attach receipts!**

**Staff Member Signature** Date

**Authorized By:**

(Signature not required but preferred)