

SDSU Little International

Expense Reimbursement

Staff Member Name:

Position:

Email Address:

Phone Number:

Exec Team Member:

Student ID Number:

Purpose:

Itemized Expenses

| DATE | DESCRIPTION | COST |
|------|-------------|------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| | |
|----------------------------|----------------------|
| SUBTOTAL | <input type="text"/> |
| Less Cash Advance | <input type="text"/> |
| TOTAL REIMBURSEMENT | <input type="text"/> |

Don't forget to attach receipts!

Staff Member Signature _____ Date _____

Authorized By: _____
 (Signature not required but preferred)