



University Finance Office

## **BUSINESS EXPENSE FORM**

### **Information of Person Incurring Expense:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

### **Business Expenses:**

#### ***Expense #1***

Date: \_\_\_\_\_

Business Purpose: \_\_\_\_\_

Business Location: \_\_\_\_\_

Guests/Attendees: \_\_\_\_\_

**Amount:** \_\_\_\_\_

#### ***Expense #2***

Date: \_\_\_\_\_

Business Purpose: \_\_\_\_\_

Business Location: \_\_\_\_\_

Guests/Attendees: \_\_\_\_\_

**Amount:** \_\_\_\_\_

#### ***Expense #3***

Date: \_\_\_\_\_

Business Purpose: \_\_\_\_\_

Business Location: \_\_\_\_\_

Guests/Attendees: \_\_\_\_\_

**Amount:** \_\_\_\_\_

**Total Reimbursement:** \_\_\_\_\_

**I hereby verify the above expenses are business related and incurred by me. Itemized original receipt(s) are attached.**

\_\_\_\_\_  
Signature of person seeking reimbursement

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approving Manager's Print Name

\_\_\_\_\_  
Approving Manager's Signature

\_\_\_\_\_  
Date