

## EXPENSE REPORT

COPIES OF RECEIPTS MUST BE ATTACHED

NAME:	 CAMPUS:	
STREET ADDRESS:	 ORGANIZATION:	
CITY, STATE, ZIP:	EVENT:	
PHONE:	APEF ACCOUNT:	
EMAIL:		

ER AMOUNT

					SUBTOTAL:	
	PLEASE NOTE: DON'T FORGET TO ATTACH COPIES OF RECEIPTS				LESS ADVANCES:	
*DETAIL OF BUSINESS MEAL EXPENSE					TOTAL REIMBURSEMENT:	
DATE	DESCRIPTION	AMOUNT			-	
					ACCOUNTING USE ONLY	
				ENTERED BY:		
				DATE PAID:		
				CHECK NO.:		
EMPLOYEE/VOLUNTEER SIGNATURE: DAT		DATE:				
ADMIN	NISTRATOR SIGNATURE:	DATE:				

\*Fill out this form completely and submit to APEF along with COPIES of your receipts. You must obtain the originals until you have been reimbursed for your expenses.