

**EXPENSE REQUEST FORM**

VENDOR # \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_ DATE NEEDED: \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_

**MAKE CHECK PAYABLE TO:** \_\_\_\_\_

FUNCTION/PURPOSE/EVENT: \_\_\_\_\_

\_\_\_\_\_

**(ALL RECEIPTS (HOTEL, REGISTRATION, FOOD, GAS, ETC) MUST BE SUBMITTED FOR AUDIT PURPOSES.)**

**FILL OUT BELOW ONLY IF CLAIM IS FOR EMPLOYEE OR STUDENT TRAVEL**

DATE OF DEPARTURE: \_\_\_\_\_ DATE OF RETURN: \_\_\_\_\_

DESTINATION: \_\_\_\_\_

**LIST STUDENTS/EMPLOYEES RECEIVING MEAL COMPENSATION (ATTACH LIST IF NEEDED):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SUBMITTED BY: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

**ALL ATHLETIC REQUEST MUST BE APPROVED BY THE ATHLETIC DIRECTOR**

APPROVED BY: \_\_\_\_\_

**IF A CHECK IS TO BE MAILED, PLEASE ATTACH AN ADDRESSES ENVELOPE**

**BUDGET ACCOUNT #** \_\_\_\_\_