



EXPENSE REIMBURSEMENT FORM

Please complete the following information and submit to Alisha Couse, STA Treasurer, at Jefferson. Payments are made at the middle and end of each month.

Name _____

Building _____

Date _____

Amount to be reimbursed _____

For the purchase of (i.e. bagels for bagel breakfast....)

PLEASE STAPLE RECEIPTS TO THE UPPER LEFT HAND SIDE OF THIS FORM BEFORE SUBMITTING. FORMS WITHOUT RECEIPTS WILL BE RETURNED TO YOU WITHOUT PAYMENT.

For STA Use Only:

Check # _____

Budget Code _____

Date _____