

LBBA EXPENSE REIMBURSEMENT

EXPENSE DATE: _____

Name: _____

Committee: _____ Sub-Committee: _____

Event/Purpose: _____

Description of Charges: _____

Signature of Committee Chairperson: _____

Total Expense Amount: \$ _____

Scrip Used: \$ _____ Scrip Vendor: _____

Scrip Used: \$ _____ Scrip Vendor: _____

Scrip Used: \$ _____ Scrip Vendor: _____

Amt. to Reimburse: \$ _____

Please choose form of reimbursement: Check _____ Credit to Student Acct. _____

Attach receipts below. Use additional 8 1/2 by 11 sheets if necessary.

Notes: