



## EXPENSE REIMBURSEMENT

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

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

Form of Reimbursement: Cash  Check  Made Payable to: \_\_\_\_\_

Name of Committee: \_\_\_\_\_

Description of Expense:

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

\_\_\_\_\_  
Staff Council Member Signature

Reimbursements paid from Cal Poly Federal Credit Union use: **Staff Council Account #3361 S1**

Approval:

\_\_\_\_\_  
Committee Co-Chair  
(approving expenditure)

\_\_\_\_\_  
Date

\_\_\_\_\_  
President or Vice President  
(approving reimbursement)

\_\_\_\_\_  
Date

*Total and attach all receipts to an 8-1/2"x11" sheet of paper and staple to the expense form.*

- *Upon approval, submit completed form **with original receipts** to Cal Poly Federal Credit Union for reimbursement.*
- *Submit 1 copy **(form & receipt)** to Staff Council Treasurer*
- *Submit 1 copy **(form & receipt)** to Committee Co-Chair*