

# School of Pharmacy

## Student Organization Activity Expense Form

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

University Employee: Yes \_\_\_\_\_ No \_\_\_\_\_ W-9 on File: Yes \_\_\_\_\_ No \_\_\_\_\_

Event or Conference: \_\_\_\_\_

Organization: \_\_\_\_\_

Location of Event: \_\_\_\_\_ Date(s) of Event \_\_\_\_\_

Please select preference for receipt of reimbursement check for non-University Employees.

Check One: \_\_\_\_\_ Pick Up in Salk

\_\_\_\_\_ Send to Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Expenses to be Reimbursed:

Item \_\_\_\_\_ Vendor \_\_\_\_\_ Cost \_\_\_\_\_

Item \_\_\_\_\_ Vendor \_\_\_\_\_ Cost \_\_\_\_\_

Item \_\_\_\_\_ Vendor \_\_\_\_\_ Cost \_\_\_\_\_

Item \_\_\_\_\_ Vendor \_\_\_\_\_ Cost \_\_\_\_\_

Item \_\_\_\_\_ Vendor \_\_\_\_\_ Cost \_\_\_\_\_

Item \_\_\_\_\_ Vendor \_\_\_\_\_ Cost \_\_\_\_\_

Item \_\_\_\_\_ Vendor \_\_\_\_\_ Cost \_\_\_\_\_

Item \_\_\_\_\_ Vendor \_\_\_\_\_ Cost \_\_\_\_\_

Total Expenses: \_\_\_\_\_

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

\_\_\_\_\_  
Signature of President or Treasurer

\_\_\_\_\_  
Date

Attach receipts that total to the amount being reimbursed. Please note that if hotel/lodging expenses were shared under a different name, you must submit a bank or credit card statement verifying the purchase.