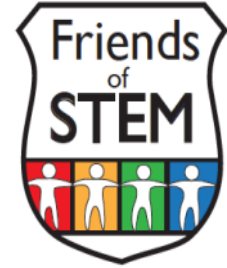


EXPENSE REIMBURSEMENT FORM



Name of Person to be Reimbursed:

Event/Funding Activity:

Date:

Purpose:

Itemized Expenses

Date	Description	Cost
Total:		

Submitted by: (Signature)

Date

PRINT: _____ SIGN: _____

Approved by: (Event Chairperson, if applicable)

PRINT: _____ SIGN: _____

Approved by: President/Vice President

PRINT: _____ SIGN: _____

Note: Receipts must be submitted with Expense Report - no receipts, no reimbursement.

All reimbursement requests must be part of a preapproved event budget or approved/passed by motion and resolution by the Friends of STEM Board of Directors. Any expenses that are not pre-approved will not be reimbursed and are considered the responsibility of the individual purchaser.

