

# PS81 PA EXPENSE REIMBURSEMENT

Name (First/Last):

Expense Period

From:

To:

Event Chair Name:

Event Name:

Check No:

Business Purpose:

## Itemized Expenses

DATE	DESCRIPTION	CATEGORY	COST

**SUBTOTAL** \$ -

**Less Cash Advance** \$ -

**TOTAL REIMBURSEMENT** \$ -

Don't forget to attach receipts!

Requestor Signature

Date

Event Chair Signature

Date

Treasurer Signature

Date