

SAPA Expense Report

2015-2016

Fill out this form and submit to SAPA President & Head of School for approval. Please staple all receipts to this form.

DATE	AMOUNT	EVENT	DESCRIPTION OF EXPENSE

Submitted by (signature):	
Print Name:	
Make check payable to:	
Date:	

<i>Reviewed Head of School</i>		<i>Date:</i>
<i>Reviewed SAPA President</i>		<i>Date:</i>
<i>Expense Reimbursed by:</i>		<i>Date:</i>
<i>Check #</i>		<i>Date:</i>