Expense Reimbursement

E-req#:	
PO#:	

Employee Name:	
Department:	Film, Television and Media Arts
Manager Name:	Geri Ulrey
Account:	01-0100-0-060300-4590

Expense Period

From:	3/1/26
To:	6/1/26

Business Purpose:

Student Film Production Budget

Itemized Expenses

DATE	DESCRIPTION	CATEGORY	COST

Category Options (select one):

Business Meals; Dry Cleaning; Dues; Instructional Meals; Instructional Supplies; Postage; Other

SUBTOTAL	
Less Cash Advance	
TOTAL REIMBURSEMENT	$ -

Don't forget to attach receipts!

Employee Signature Date

Approvals:

Manager/Department Head Date

Business Services Date