

School of Pharmacy

Student Organization Activity Expense Form

Name: _____

*University Employee: Yes _____ No _____ **W-9 on File: Yes _____ No _____

*If university employee, student must make Suzanne Mannino as delegate on Concur and does not need W-9 on file

**Checks will be made to the address on the W-9 on file

Event or Conference: _____

Organization: _____

Location of Event: _____ Date(s) of Event _____

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.