

School of Pharmacy

Student Organization Activity Expense Form

Name: _____

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

*University student employee, please make Suzanne Mannino as a delegate in Concur. A W-9 is not required, a reimbursement will be a direct deposit into your bank account that is affiliated with the university.

**Non university employees, checks will be mailed to the address reflected on W-9.

Event or Conference: _____

Organization: _____

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

Expenses to be Reimbursed:

Item _____	Vendor _____	Cost _____
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Item _____	Vendor _____	Cost _____
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Item _____	Vendor _____	Cost _____
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Item _____	Vendor _____	Cost _____
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Item _____	Vendor _____	Cost _____
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Item _____	Vendor _____	Cost _____
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Item _____	Vendor _____	Cost _____
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Item _____	Vendor _____	Cost _____
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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.