

Expense Reimbursement Request/Advance Clearing Report

Trinity School of Medicine Student Government Association

Name: _____

Phone: _____

Address: _____

Treasurer Approval: _____

Date: _____

President Approval: _____

Date: _____

<u>Date</u>	<u>Description (w/ Vendor Name)</u>	<u>Method of Payment</u>	<u>TOTAL AMOUNT (\$ECD)</u>
TOTAL			ECD

TOTAL EXPENDITURES: \$ _____
ADVANCE RECEIVED*: \$ _____
BALANCE DUE TO SGA: \$ _____
BALANCE DUE FROM SGA: \$ _____

**** ALL RECEIPTS MUST BE ATTACHED, AND INCLUDE VENDOR'S NAME, DATE, AND AN ITEMIZED LIST OF PURCHASES****

**If an advance has been received related to the expenditures above, please put advanced amount in the "Advance Received" field.*

I hereby certify that the expenses listed here have been incurred by me and were necessary to perform approved services for SGA.

Signed: _____

Dated: _____