CCA CALIFORNIA COLLEGE OF THE ARTS

Expense form

Reimbursement of expense during the period of: _____

Purpose of Expenditures: _____

Receipt	Date	Description: ie: Nature of Business discussed, with who	Amount	Program-Object Code
		Receipt Total	$0.00	
		Less Advance Received (Check # _____ check date _____)		10000-1410/00000-10610
		Balance Due	$0.00	***Excess Funds to be returned to BSO w/ Expense Form***

Payable to (legal name): _____ (please print)

please check one: ○ staff ○ faculty ○ other

Address: _____

City: _____ State: _____ Zip Code: _____

Payee signature: _____ Date _____

please check one: ○ Mail to payee ○ Hold in SF/BSO ○ Return to requesting dept.

Supervisor name: _____ (please print) Dept _____

Supervisor signature: _____ Date _____

Please attach ALL ORIGINAL RECEIPTS or INVOICES for all expenses. NO COPIES ACCEPTED.

Business Office Only

Approved by _____

☐ Rejected/Returned to sender

Vendor ID _____

_____ Processed by / voucher # _____ Date

_____ Reason _____ Date

10.17.05