KUMC TroyHope Ministry

2008 Expense Form

DATE OF EXPENSE(OR MONTH OF EXPENSE)	DATE OF SUBMISSION

DEPARTMENT/DEPARTMENT CHAIR	NAME OF PERSON TO BE REIMBURSED(CHECK WRITTEN TO)

EXPENSE DETAILS

DEPT. NO/SUB-ACCT NO.	PLACE OF PURCHASE	PURPOSE	COST
		Total	

NOTES

Please attach all receipts on separate blank sheet with tape.

APPROVAL SIGNATURES

DEPARTMENT CHAIR

FINANCE TREASURER

REQUESTER