

# SPA PSO Expense Reimbursement

Date: \_\_\_\_\_

Payable to: \_\_\_\_\_

Address: \_\_\_\_\_

Committee/Event: \_\_\_\_\_

## Itemized Expenses

DATE	DESCRIPTION	CATEGORY	COST

TOTAL REIMBURSEMENT

**Don't forget to attach receipts!**

Approval Signature (Committee Chair) \_\_\_\_\_ Date \_\_\_\_\_