CONESTOGA STUDENTS INC

CLUBS EXPENSE FORM

This form MUST accompany all receipts that are being submitted for reimbursement.

Club Name	
Name	
Club Position	
Date Submitted	
Payee	
Payee Email	

EXPENSES TO BE REIMBURSED

Date MM/DD/YY	Description	Total
		$

Comments:

INTERNAL USE ONLY

Decision: ☐ Approved ☐ Denied Payable to: _____

Amount: _____ Date Submitted: _____

G/L Account: _____ In Reference to: _____

Approved by: _____ Signature: _____