

# Expense Reimbursement



# WPI

**Student Activities Office**

**Accounting Use Only**

Document # \_\_\_\_\_

Vendor # \_\_\_\_\_ Seq \_\_\_\_\_

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

Organization: \_\_\_\_\_ Specific Program: \_\_\_\_\_

Mileage Reimbursement					
Date	From	To	Mileage	Rate	Total

Other Reimbursements (Attach Receipts)			
Date	Name of Vendor	Description of Charges	Total

**Total Reimbursement:**

**Account Distribution:**

Enter Account Distribution Here:				
Fund	Org	Account	Activity/ Location	Amount

**Signatures:**

\_\_\_\_\_  
Payee (must match payee name above)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Organization Treasurer (must differ from payee)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director for Student Activities or Club Sports

\_\_\_\_\_  
Date

\_\_\_\_\_  
Business Office

\_\_\_\_\_  
Date