Jackson State University National Alumni Association

Suburban Georgia Chapter

P.O. Box 42

Grayson, GA 30017

www.jsusuburbangeorgia.com

### Expense Reimbursement Form

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** (please print): | | | | **Position:** | | |
| **Address:** | | | | **Committee:** | | |
| **Email:** | | | | **Phone:** | | |
| **Date** | Description of Expense(s) | | | | | Amount |
|  |  | | | | | $ |
|  |  | | | | | $ |
|  |  | | | | | $ |
|  |  | | | | | $ |
|  |  | | | | | $ |
|  |  | | | | | $ |
|  | **TOTAL (Attach Receipts)** | | | | | **$** |
| **Justification of Expense(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| CERTIFICATION “I certify that all expenses will be incurred to carry out the duties and goals of the JSUNAASGC”  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature Date | | | | | | |
| (OFFICE USE ONLY) | | | | | | |
| Date Received: | | Budget Line Item Charged & Amount  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  | |
| Check # | |
| Approval by JSUNAASGC President:  (May be done by email) | | | Approval by JSUNAASGC Treasurer:  (May be done by email) | | Date: | |