



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):			
<hr/> <hr/>			
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:	