

General Expense Approval Form

Name:

ID #:

Requisition/Report #:

Description/Amount of Item(s) Purchased:

Date	Description of Item	Amount
		\$
		\$
		\$
		\$

Total Reimbursement Amount: \$ _____

Business Purpose:

I certify that the above is a true statement, that the expenses claimed were incurred by me on official University business on the dates shown, and that I have attached original receipts for each expense as required by University policy.

Payee Signature: _____ Date: _____

BU	Account	Fund	Dept.	Program	CF1	CF2
1						

 COA Approver date

 Shivani Bhatia, Assistant Dean and CFO date
 Berkeley Law

 Erwin Chemerinsky, Dean date
 Berkeley Law

