



**UNIVERSITY OF  
GEORGIA**

Student Affairs  
Business Office

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### Employee Agency Account Expense Report Form

Name of Event: \_\_\_\_\_ Event Date: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Organization Department ID: 5715 \_\_\_\_\_

Reason for Expense: \_\_\_\_\_

Name of Full Time Employee Being Reimbursed: \_\_\_\_\_

**Payment Categories: (please select all that apply)**

**Food** \$ \_\_\_\_\_

**Travel** \$ \_\_\_\_\_

**Event Supplies** \$ \_\_\_\_\_

**Other** \_\_\_\_\_ \$ \_\_\_\_\_

**Grand Total** \$ \_\_\_\_\_

Signature of UGA Full Time Employee \_\_\_\_\_

Date \_\_\_\_\_

Signature of Student President/Treasurer \_\_\_\_\_

Date \_\_\_\_\_

Student President/Treasurer's Name Printed \_\_\_\_\_

*Please attach this form to the expense report when being reimbursed from an Agency Account.*