

Student Affairs Business Office

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.