

CLARK ATLANTA UNIVERSITY
BUSINESS EXPENSE REIMBURSEMENT REQUEST

Requestor Name _____ ID# _____ Phone ext. _____

School or Department _____ Date _____

Budget Information

Index _____ Fund _____ Org _____ Prog * _____ Acct _____ Actv _____

Expenditure Details

Date of Expenditure	Description of Expenditure**	Amount***
Total Requested		

Approvals

Supervisor/Grant Director/PI* _____ Date _____

Dept Head/Chair _____ Date _____

Budget Office _____ Date _____

Grants & Contracts * _____ Date _____

Research & Sponsored Programs* _____ Date _____

* Required only if requesting reimbursement from a restricted account

** For business meetings or meals, a list of the name of the attendees, their job titles and affiliations to the University must be attached

***Original receipts must be attached