

CLARK ATLANTA UNIVERSITY
BUSINESS EXPENSE REIMBURSEMENT REQUEST

Requestor Name ID# Phone ext.

School or Department Date

Budget Information

Fund ORG Acct Prog 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