

		0.00	0.00	0.00	0.00	0.00	0
		0.00	0.00	0.00	0.00	0.00	0

ESTIMATED TOTAL EXPENSES \$123.45

Reductions: 1. Travel Advance? Attach original request Amount -0.00 Reduction Amount
 2. Other Reductions? -0.00 \$0.00

ESTIMATED TOTAL REIMBURSEMENT NOT TO EXCEED \$123.45

COA

BU	ACCT	FUND	DEPT	PGM	CF1	CF2	AMOUNT	OPTIONAL: Chartstring Description(<i>Department specific</i>)
							0.00	FUNDS TO BE CHARGED, IF KNOWN.
							0.00	OPTIONAL: Accounting Approval(<i>Department specific</i>)
							0.00	

CERTIFICATION

I certify that the above is a true statement, that the expenses claimed were incurred by me on official University business on the date shown, and that I have attached original receipts for each expense of \$75 or more, as required by University policy.

Traveler's Signature:

Name: **YOUR NAME** Title: Date: **06-16-2015**

I authorize these expenditures and approve this claim to be submitted for review of University policy compliance.

Authorizer's Signature:

Name: **YOUR DEPARTMENT CHAIR** Title: Date: **06-16-2015**

Exceptional Signature:

Name: Title: Date: