

CAMPUS COMMUNITY RELATIONS EXPENSE REPORT

REQUEST #1

Date of Request: _____
Account Number: _____ Location: _____
Guest(s): _____
Affiliation: _____
How did this expense benefit the mission of the Associated Students and SDSU?

TOTAL REQUEST: _____

REQUEST #2

Date of Request: _____
Account Number: _____ Location: _____
Guest(s): _____
Affiliation: _____
How did this expense benefit the mission of the Associated Students and SDSU?

TOTAL REQUEST: _____

REQUEST #3

Date of Request: _____
Account Number: _____ Location: _____
Guest(s): _____
Affiliation: _____
How did this expense benefit the mission of the Associated Students and SDSU?

TOTAL REQUEST: _____

REQUEST #4

Date of Request: _____
Account Number: _____ Location: _____
Guest(s): _____
Affiliation: _____
How did this expense benefit the mission of the Associated Students and SDSU?

TOTAL REQUEST: _____

GRAND TOTAL: _____

I certify that I have incurred these expenses in compliance with the A.S. Campus/Community Relations Expenditure Policy and request reimbursement.

Name (please print) _____

Signature _____ Date _____

Advisor's Name (please print) _____

Advisor's Signature _____ Date _____