

SANTA CLARA UNIVERSITY BUSINESS EXPENSE FORM

Name: _____ Signature: _____

Address: _____

Department: _____ Ext: _____

To be completed by Club Sports office staff:

	ACCOUNT	FUND	DEPT	PROGRAM	ACTIVITY	CLASS	PROJECT/GRANT
Accounting Distribution: _____	_____	_____	_____	_____	_____	_____	_____
					(If applicable)		

Date(s): _____

Purpose: _____

Location: _____

Guests/Attendees: _____

Reimbursement: _____

Date(s): _____

Purpose: _____

Location: _____

Guests/Attendees: _____

Reimbursement: _____

Date(s): _____

Purpose: _____

Location: _____

Guests/Attendees: _____

Reimbursement: _____

Date(s): _____

Purpose: _____

Location: _____

Guests/Attendees: _____

Reimbursement: _____

Total Reimbursement: _____