Expense Reimbursement Application Form

UTSAB, INC. (UTSAV)

A non-profit organization under IRS section 501(c)(3)

http://www.utsab.org

To be filled in by Applicant							For Office Use
Date	**Project Code**	**Receipt Number**	**Expense Description**	**Expense Amount**	**Advance Amount**	**Claim Amount**	**Approved Amount**
			Total				

_____ _____ _____

(Applicant Name) (Signature) (Submission Date)

Original receipts must be submitted with this claim form for each expense to be reimbursed. Please circle the claimed amounts in the receipts.
Submit completed form and original receipts to: Treasurer, UTSAV, 595 New Loudon Rd #309, Latham, NY 12110.
Please keep photocopies of submitted application and receipts for your record.

BOD Approval Required ☐ Yes ☐ No

BOD Approval Obtained ☐ Yes ☐ No

_____ _____ _____

(Treasurer Name) (Signature) (Date)

NOTE: Treasurer can approve a reimbursement claim within the limitations set by Article(8) Section(8)(d) of the bylaws. BOD approval is required otherwise. When BOD approval is required, initials on this form or written/email approval from at least 4 BOD members shall constitute BOD approval; hard copy of BOD approval must be kept on file with this form and original receipts; Treasurer shall sign for BOD.

I, _____, do hereby acknowledge the receipt of _____ from Utsav against this reimbursement application.
(Recipient Name)

Recipient Signature _____ Date _____