

*(This form must be attached  
with a Check Request Form)*

ASSOCIATED STUDENTS  
SAN DIEGO STATE UNIVERSITY  
CAMPUS/COMMUNITY RELATIONS EXPENSE REPORT

Date of expense: \_\_\_\_\_

Time of expense: \_\_\_\_\_

Location where expense was incurred: \_\_\_\_\_

Guests: (List guests and their affiliations)

Name \_\_\_\_\_ Affiliation \_\_\_\_\_

Name \_\_\_\_\_ Affiliation \_\_\_\_\_

Name \_\_\_\_\_ Affiliation \_\_\_\_\_

Name \_\_\_\_\_ Affiliation \_\_\_\_\_

Name \_\_\_\_\_ Affiliation \_\_\_\_\_

How did this expense benefit the mission of the Associated Students and San Diego State University?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TOTAL REQUEST \$** \_\_\_\_\_

**Receipts/Description:**

**Amount:**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**TOTAL** \_\_\_\_\_

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

(PRINT FORM, THEN SIGN)

Signature \_\_\_\_\_ Date \_\_\_\_\_