



Student Leadership Council Expense Reimbursement Request

Full Legal Name:
Mailing Address: street, city, state, zip
Phone: Email Address:
SSN or UCLA ID#:

EXPENSES (Original Receipts Required):

* For expenses involve food/refreshments, an itemized receipt, event date, time and place, in addition to a list of attendees with their affiliations are required.

Expense Date: Expense Amount:
Expense Description and Justification:

Expense Date: Expense Amount:
Expense Description and Justification:

Expense Date: Expense Amount:
Expense Description and Justification:

CERTIFICATION and APPROVAL

The above is a true statement of expenses incurred by me for official University business pertaining to the TANMS Engineering Research Center.

X
Signature Date

Authorization by SLC Treasurer

X
Print Name / Signature Date