



UNIVERSITY OF BALTIMORE EXPENSE VOUCHER

Instructions: "Authorized by" must be SIGNED.

Submit the original and one copy to Accounts Payable.

Use this form for all reimbursement requests up to \$100.00.

PAY TO _____ Soc.Sec.#/Tax Id# _____ Total Amount \$ _____

ADDRESS _____

DATE	ITEM OR EXPLANATION	AMOUNT

Certified just, correct, payment not received and funds are available.

Receipts and/or other supportive information attached.

SIGNED by Submitter _____ DATE _____
(Required for Approval)

Chartfield Information (provided by the department):

Account
Department
Fund
Program
Project

Supervisor/Manager Signature (Required for Approval)	Date Paid
Supervisor/Manager Phone Number	Ck. No./Cash Rec'd by