

## Expense Report – Confirming Reimbursement

### External Committee Member – Creation Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

SSN: (Only required when paying a service fee, please provide over phone.)

Email Type: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_

### Expense Lines: – Receipting Attached:

(Please make sure to attach all receipts to email when submitting this form to [travel.bc@wsu.edu](mailto:travel.bc@wsu.edu) )

Purpose for purchase: \_\_\_\_\_

Where purchase was made: \_\_\_\_\_

What was purchased: \_\_\_\_\_

Total Amount: \_\_\_\_\_

Payment Type: \_\_\_\_\_

Justification for Purchase: (Why was this purchased made without using a P.O. or P-Card?)

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Funding source (Program/Gift/Grant Worktag): \_\_\_\_\_