MOREHEAD STATE UNIVERSITY

PROGRAM ACCREDITATION EXPENSE REQUEST FORM

Department Name: _____ **Department Account Number:** _____ **Accrediting Body:** _____

Date(s) of Visit: _____ **Notes Needed:** _____

Please complete columns A-H. Provide copies of all receipts. ***Columns I, J, K, L are for use by Assessment & Accreditation Staff.***

EXAMPLE

A	B	C	D	E	F	G	H	I	J	K	L
Date of Expense	**Vendor**	**Cost**	**Description**	**Names of attendees or person expenditure was for**	**Receipt Provided (Y/N)**	**Amt requested for reimbursement**	**Visit or pre-visit**	**More Info Needed**	**Reimburse Approved (Y/N)**	**Total to be reimbursed by UC to Dept.**	**Department Responsibility**
00/00/2012	Aramark	$100	Lunch meal for visiting team	John Doe, Jane Doe	Y	$100	Visit				