



## Expense Report / Reimbursement Form

Date	Expense Description	Program or G&A	Expense Category	Other	Amount
				<b>Total</b>	

Expense Report Submitted by (please print): _____		
Signature: _____	Date Submitted: _____	
Program Director Approval (if applicable):  	SAA Board of Directors Approval:  	
Amount Paid: _____	SAA Check Number: _____	Date Paid: _____