

## Division of Financial and Business Services NON-TRAVEL EXPENSE REPORT USC Mann Associated Student Pharmacists

- List each receipt separately.
- Provide the name of the company/business along with the item description and/or purpose.
- If food was provided at this event, please list the number of attendees under "Qty."
- If guest speaker gifts were purchased, list the complete names of the recipients under "Description."
- List names of gift recipients (if applicable).
- Mount all receipts on 8.5" x 11" sheets of paper using clear adhesive tape.
- Use a paperclip to attach all sheets of paper together; do not staple sheets together.
- It is advised to make a copy of this for your records before submission to the ASP Vice President of Finance.

## Incomplete and late forms are subject to delays, reduced reimbursement, and/or nonpayment.

Date of Purchase	Description	Qty.	Amount
			\$
			\$
			\$
			\$
			\$
Total Reimbursement:		\$	

## **Events Serving Food**

- Please list the number of attendees if food was served at the event. -or-
- If 10 or fewer individuals attended the event, please list the names of each attendee.

Number of Attendees:	
Complete the First and	1.
Last Name of Each	2.
Attendee if $\leq 10$ attendees	3.
(no abbreviations):	4.
	5.
	6.
	7.



8.
9.
10.

**Gift Recipients** (Complete first and last names of all individuals are required):

- Please list the names of all gift recipients. A name must be listed for each gift purchased.
- Alcohol will not be reimbursed.

First name, Last name	Gift purchased (general description)	Speaker/ Preceptor/ Faculty