



Please complete and return to:
 Barbara Hole, CFRE
 SUNYCUAD Treasurer
 University at Buffalo
 253 Harriman Hall
 Buffalo, NY 14214

Expense Reimbursement Form

Host Institution Information

Name _____ College or University _____

Title _____ Address _____

Phone _____

Judging Category

Date	Judge's Name	Description	Meals	Mail				Total

Approved By

Notes

SubTotal	
Subtract Advances	
TOTAL	

Signature/Host Coordinator _____