The University of Oklahoma
Health Sciences Center
STUDENT ASSOCIATION
EXPENDITURE AUTHORIZATION

Person to be reimbursed/Vendor to be paid

Student Organization

Event or purpose of expenditure

Amount of expenditure Date of activity

If food, number of participants If 10 or less, please list names.


Student Org Treasurer (if required) Date

Advisor/Sponsor (required) Date

Please submit along with receipts for reimbursement or invoice to be paid to:

Katherine Cooley | Accountant
HSC Student Affairs | David L Boren Student Union, Suite 300
katherine-cooley@ouhsc.edu | 405-271-8817 (fax)