



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)