

GSA Expense Report

Name:	Date:
Email:	Phone:
Supervising Professor:	Supervising Professor Email:
Supervising Professor Signature:	

Expenses (all receipts must be provided)

Expenses	Date:	Date:	Date:	Date:	Date:	Date:	GSA Total	Grand Total
1 Lodging								
2 Meals								
3 Registration								
4 Rental Car								
5 Other Transportation								
6								
9								
10 Total Expenses								
11								
12		Amount from Source #1						
13		Amount from Source #2						
14		Amount from Source #3						
15		Total Amount from other Sources						
16								
17		Difference (between line 10 and 15)						
18								
19		Amount Requesting						
20		Amount Approved						