PRINT CLEAR

CAL STATE L.A. UNIVERSITY AUXILIARY SERVICES, INC.

EXPENSE REIMBURSEMENT DETAIL

DATE	PURCHASED FROM (VENDOR NAME)	ITEM/DESCRIPTION	REASON FOR PURCHASE	AMOUNT
mm/dd/yyyy				
			TOTAL	$0.00

Include vendor receipts or cancelled checks for each item listed. Attach to a completed check requisition and forward to accounting for processing.

PS_AP110 (07.01.1999)