

**SIMPSON CENTER FOR THE HUMANITIES**

University of Washington | College of Arts & Sciences | Communications 206 | Box 353710
 Seattle, WA | 98195-3710 | Tel 206.543.3920 | Fax 206.685.4080 | www.simpsoncenter.org

Expense Report (Visitor)

Date Submitted: _____

Name / Payee	Email	Phone #
Project Title (or reason for expenditure):	A U]]b[' Address	
5 XX]h]cbU Instructions f]ZUdd`]WUV`Y):		US Citizen: Non-Resident Alien Resident Alien

Please itemize expenses below. Note: If any expense is for meals, please include a list of all people who attended.

Date	Vendor	Description	Amount
Total			\$ -

Please save completed form with your receipt(s) as a single PDF file. Email the PDF to H Y'G]a dgcb'7 YbHf'5 Xa]b]gUive Coordinator schadmin@uw.edu.

Office Use Only:	Reimbursement Payment Authorization	
Ó` â*^dK	Amount Approved:	<div></div>
Úi[b&c	Væ\:	U] d} :
b[c^•K		
Approved By (signature):	Date:	