



### SPONSORED PROGRAMS INCCIDENTALS EXPENSE REPORT

Please mail to: SP Expenses, AFS-USA, Inc., One Whitehall Street 2nd Floor, New York, NY 10004

#### Student Information

Student Name	
Student Program	
Student Area Team	

#### Check Payable to

Host/Vol Name:	
Address:	
City, State, Zip:	

From MM/DD/YY	To MM/DD/YY
---------------	-------------

DATE/S (MM/DD/YY)	TYPE AND PURPOSE OF TRIP OR EXPENDITURE	AUTO MILES	AMOUNT	ACCOUNTING CODES						
				OBJECT	ID	COST CENTER	PROJ	SUB PROJ	PRODUCT/ PROGRAM	SITE
				9233	FX	00708	H		FLEX Incidentals	
<b>PORTION TO BE CHARGED TO FLEX GRANT</b>				9233	FX	00708	H		FLEX Incidentals	

**\*\*gray areas for office use only**

TOTAL EXPENDITURES	
TOTAL OF ADVANCE/S	
AMOUNT DUE TO AFS, OR	
AMOUNT DUE FROM AFS	

Host/Vol Name	SIGNATURE	DATE
AFS-USA Approved	SIGNATURE	DATE