



### SPONSORED PROGRAMS INNIDENTALS EXPENSE REPORT

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

#### Student Information

<b>Student Name</b>	
<b>Student Program</b>	
<b>Student Area Team</b>	

#### Check Payable to

<b>Host/Vol Name:</b>	
<b>Address:</b>	
<b>City, State, Zip:</b>	

From MM/DD/YY	To MM/DD/YY
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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	GO	00138	H		YES Incidentals	
<b>PORTION TO BE CHARGED TO YES GRANT</b>				9233	GO	00138	H		YES 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