**COUPA EXPENSE ATTESTATION SUMMARY FORM**

**Coupa Expense Reimbursement**

**Reimbursed Individual**

## PSY-

\*attach approved official function form for travel and non-travel related official functions

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item Description** | **Date** | **account** | **TOTAL** | **COMMENTS** |
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I am submitting this form for the record. I certify that I made the above purchases using my personal funds I certify that the attached receipt(s) are original and approve this reimbursement.

## Signature of Reimbursed:

**TOTAL EXPENSES** 0.00

1 7/22/2022 10:33 AM

**BLANKET MILEAGE REIMBURSEMENT LOG** last updated 01/06/2020

**EMPLOYEE NAME Doc ID:** Psy-

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| --- | --- | --- | --- | --- | --- | --- |
| **DATE** | **START** | **DESTINATION** | **PURPOSE** | **MILEAGE** | **CURRENT RATE** | **AMOUNT** |
|  |  |  |  |  | 0.625 | 0 |
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# EMPLOYEE SIGNATURE: Date:

UT AUTHORIZATION: Date: