

# UM Federation of Club Sports Expense Cover Sheet

Reimbursements for a trip with multiple submissions will NOT be processed until ALL are included. This form is required to be uploaded for EACH reimbursements submission.

Club: \_\_\_\_\_ Event: \_\_\_\_\_ Date : \_\_\_\_\_ Page: \_\_\_ of \_\_\_\_\_

Preparer Name \_\_\_\_\_ E-mail: \_\_\_\_\_

If you have any concerns or question about what to include or about your accounts, please email clubsports@miami.edu

In order of appearance on the following BERF, please specify the following:

Date of Event	Payee, Item Explanation, and Item as on SAFAC Budget Was this cost-adjusted? If so, what was it previously?	Early/Regular/Travel Budget (Specify Budget #)	Expense from:			Total Expense
			NON SAFAC Program #	SAFAC Program #	FCS Program PG012563	
		TOTALS				