

# UM Federation of Club Sports Expense Cover Sheet

Reimbursements for a trip with multiple BERFs will NOT be processed until ALL are included. Send it to: clubsports@miami.edu.

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

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

If you have any concerns or question about what to include or about your accounts, please contact the Assistant Director of Recreational Sports at mvault@miami.edu.

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

| Date | Payee, Item Explanation, and Item as on SAFAC Budget<br>Was this cost-adjusted? If so, what was it previously? | Early/Regular/Travel Budget<br>(Specify Budget #) | Expense from:       |                 |                      | Total Expense |
|------|--|---|---------------------|-----------------|----------------------|---------------|
|      |  |   | NON SAFAC Program # | SAFAC Program # | FCS Program PG009010 |               |
|      |  |   |                     |                 |                      |               |
|      |  |   |                     |                 |                      |               |
|      |  |   |                     |                 |                      |               |
|      |  |   |                     |                 |                      |               |
|      |  |   |                     |                 |                      |               |
|      |  | TOTALS  |                     |                 |                      |               |