

COUPA EXPENSE ATTESTATION SUMMARY FORM

Coupa Expense Reimbursement

Reimbursed Individual _____

Item Description	Date	account	TOTAL	COMMENTS
			0.00	
			0.00	
			0.00	
			0.00	
			0.00	
			0.00	
			0.00	
			0.00	
			0.00	
			0.00	
			0.00	
			0.00	
			0.00	
			0.00	
			0.00	
			TOTAL EXPENSES	0.00

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

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: _____