

City of Santa Fe Arts Commission

Committee Expense Request

Please Print

Personal expenses of committee members on behalf of the City of Santa Fe will be reimbursed only if prior approval was obtained via this request form.

Requested by: _____ Date: _____

Response requested by Date: _____

Purpose of expense: (include details such as event, location, dates, nature of expense, connection to Committee's purpose as established by Resolution, and the benefit to the City)	
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Please provide a detailed expense estimate:
(attach additional pages if necessary)

Qty.	Unit Cost	Description	Total	Vendor
Total Cost				

Office Use Only	
COMMITTEE APPROVAL Date: _____	DIRECTOR: <input type="checkbox"/> Approved
STAFF LIAISON RECOMMENDATION: _____	<input type="checkbox"/> Not Approved
Signature _____ Date: _____	Signature: _____ Date: _____
Jackie Camborde	Randy Randall, Interim Director

For reimbursement of approved expenses, attach a copy of this approved request to all original receipts.

PAYEE SIGN HERE: I certify that the above bill is correct and just and that the payment therefore has not been received. Signed: _____ Date: _____