UNIVERSITY of ST. THOMAS

COLLEGE of BUSINESS

THE SMALL BUSINESS INSTITUTE

Helping businesses succeed

SBI Project Expense Form

Team Name:
Date Submitted:

Team Members:

Team Leader Signature:
Faculty Advisor Signature:

Name (mail check)	
Address	
City	
State	
Zip	
Telephone	
Social Security	

Date	Item	Reason	Travel Expense	Other Expense