



SPONSORED PROGRAMS INCIDENTALS EXPENSE REPORT

Please mail to: SP Expenses, AFS-USA, Inc., One Whitehall Street 2nd Floor, New York, NY 10004

Student Information

Check Payable to:

| | | |
|-------------------|------|-----|
| Student Name | | |
| Student Program | FLEX | YES |
| Student Area Team | | |

| | |
|-------------------|--|
| Host/Vol Name: | |
| Address: | |
| City, State, Zip: | |

| | |
|---------------|-------------|
| From MM/DD/YY | To MM/DD/YY |
|---------------|-------------|

| Receipt # | DATE/S (MM/DD/YY) | TYPE AND PURPOSE OF TRIP OR EXPENDITURE | AMOUNT | ACCOUNTING CODES | | | |
|---|----------------------|--|--------|------------------|-------------|----------|-------------|
| | | | | ACCOUNT | COST CENTER | ACTIVITY | COMMENTS |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |
| 11 | | | | | | | |
| 12 | | | | | | | |
| 13 | | | | | | | |
| 14 | | | | | | | |
| 15 | | | | | | | |
| 16 | | | | | | | |
| 17 | | | | | | | |
| Total to be charged to the grant | | | | 9233 | | H | Incidentals |

****gray areas for office use only**

TOTAL EXPENDITURES

AMOUNT DUE FROM AFS

| | | |
|---------------|-----------|------|
| Host/Vol Name | SIGNATURE | DATE |
| | | |

AFS-USA Approved SIGNATURE DATE

If Original Receipts are not available, you must submit a Missing Receipt Form (Available on AFS Wiki).