Expense Report Signature Page

To help reduce processing delays caused by post-gathering of signatures **required** by the state, please complete this form along with your Expense Report.

Email completed* form to Michele Eure at mmeure@salisbury.edu or upload with receipts.

Thanks in advance for your cooperation.
Accounts Payable

Date Submitted: _____

Expense Report#: **ER**_____**(available after submission)**

Spend Authorization#: **SA**_____ ***(for travel related expenses only)***

Total Expense Report Amount: **$**_____

Certified just and correct.

Employee:

Printed/Typed Name: _____

Signature (*Wet or E-Signature; Not Typed*): _____

Date: _____

USource Manager:

Printed/Typed Name: _____

Signature (*Wet or E-Signature; Not Typed*): _____

Date: _____

**Use Fill & Sign Tool & E signatures in Adobe for easy completion.*