

**CLARKSON UNIVERISTY**  
**Cooperative Education Program**  
**Expense Form**

Name: \_\_\_\_\_  
Student #: \_\_\_\_\_  
Employer(s): \_\_\_\_\_  
Co-op Dates: \_\_\_\_\_  
Living: With Parents \_\_\_\_\_ In Apartment \_\_\_\_\_ Other \_\_\_\_\_

Please use this form to keep track of your co-op expenses. Co-ops that fall within the regular academic year (Fall and Spring semesters) are considered. Remember to include all expenses in your records. Documentation for any expenses related to car insurance, car maintenance and clothing must be included with this form. Receipts for all other expenses may be requested by Student Administrative Services, so make sure to keep them. Once the form is completed, bring it to Student Administrative Services. If you have any questions regarding this form, please call the CDC at 315-268-6451.

1. **MOVING EXPENSES (not re-imbursed by employer):**

Fuel: \_\_\_\_\_  
Shipping: \_\_\_\_\_  
Highway Tolls: \_\_\_\_\_  
Other: \_\_\_\_\_  
\_\_\_\_\_

2. **HOUSING EXPENSES:**

Rent: \_\_\_\_\_  
Utilities: \_\_\_\_\_  
Food/Meals: \_\_\_\_\_  
Other: \_\_\_\_\_  
\_\_\_\_\_

3. **TRANSPORTATION EXPENSES:**

Total mileage to and from work: \_\_\_\_\_  
Total highway tolls to and from work: \_\_\_\_\_  
Car insurance: \_\_\_\_\_  
Car Maintenance: \_\_\_\_\_  
Other: \_\_\_\_\_  
\_\_\_\_\_

4. **PERSONAL:**

Cell phone (only if primary phone): \_\_\_\_\_  
Work clothing: \_\_\_\_\_  
Laundry/dry cleaning: \_\_\_\_\_  
Miscellaneous\*: \_\_\_\_\_  
Other: \_\_\_\_\_  
\_\_\_\_\_

\*includes toiletries and personal hygiene products