



ASSOCIATED STUDENTS, INC

2010-2011 ASI SPONSORED ACTIVITY EXPENSE AUTHORIZATION

CLUB & GRANT INFORMATION

Club Name: _____ Event Name: _____ Event Date: _____ Today's Date: _____

BILLING INFORMATION

Invoice Date: _____ Invoice Number: _____

PAYEE INFORMATION

Name: _____ Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

A valid address required for all payments.

Mark this box to have the check held for pick-up at Accounting Office

DATE RECEIVED
ASI OFFICE

DATE RECEIVED
AUXILIARY OFFICE

PURCHASE ORDER & SHIPPING INFORMATION

Are you requesting a purchase order? YES NO P.O. No.: _____

SHIPPING INFORMATION:

Street Address: _____

City: _____ State: _____ Zip: _____

DESCRIPTION OF EXPENSE

TOTAL COST

	\$
	\$
	\$

TOTAL: \$

SIGNATURES & APPROVALS

RECEIVED BY:

ASI Business Office: _____ Date Processed: _____

AUTHORIZED BY:

Club Officer (**print**): _____ Club Officer (**sign**): _____ Phone Number (**required**): _____

ASI Executive Officer: _____ ASI Executive Officer: _____

PROCESSED BY:

Accountant Signature: _____ Date Processed: _____