

REQUEST FOR FINANCIAL DOCUMENT FORM

(Please fill out document in its entirety and return to the ASCSU Finance inbox. Type or Print – CLEARLY)

Registered Student Organization: **Associated Students of Colorado State University.** SOFA#: _____

Person Requesting: _____ Telephone # _____

Email Address: _____

- Document Requesting:
- Internal Order Disbursement Voucher Travel P-Card

Payment to: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Complete current address must be listed. If student/employee, list complete on-campus address including department.

**DOCUMENTS MUST BE PROCESSED WITHIN 30 DAYS OF EVENT!
(EXCLUDING P-CARD EXPENSES)**

WHAT: (Description of the EXPENSE) _____

WHY: (Describe the Event or Purpose for Purchase) _____

WHEN: (Date & Time Event Takes Place) _____

WHERE: (Where Event Takes Place) _____

WHO: (How Many People, Please Enter NUMBERS)

Total Expected: Students ____ Faculty ____ Staff ____ Community Members ____

If Under 10 People, Please Attach a List of All Names

REMEMBER: Log form into logbook and allow up to 3-4 full working days for processing.

OFFICE USE

Document #: _____

Obj Code: _____

Entered by _____ Date _____

Acct Balance _____ Date _____

HOW: (How Does Purchase Benefit the University or Goals of Your Program)

Please Check ONE Only

- Extended contact to include normal meal times.
- Created an atmosphere necessary to attain the goal.
- Encouraged event participation to attain the goal.
- Enhance social interactions to build community.
- Reward outstanding performance (by an employee or other).
- Provided a forum to raise awareness of an issue.
- Provided an opportunity to welcome visitors.

SOURCE OF FUNDING AMOUNT

ASCSU Funds _____

TOTAL _____

By signing below, I take full responsibility for this purchase, I am authorized to obligate funds for our organization and have a signature on file with the SLiCE Office. TWO SIGNATURES REQUIRED

Signature: _____ Date: _____

Signature: _____ Date: _____