



ASSOCIATED STUDENTS, INC

2013-2014 DR. PETE MEHAS MEMORIAL GRANT EXPENSE AUTHORIZATION

CLUB INFORMATION

Department or College: _____ Description of Award: _____

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

DESCRIPTION OF EXPENSE COST

TOTAL

DESCRIPTION OF EXPENSE COST	TOTAL

TOTAL: _____

SIGNATURES & APPROVALS

RECEIVED BY:

ASI Business Office: _____ Date Processed: _____

AUTHORIZED BY:

College Dean (print): _____ College Dean (sign): _____ Phone Number (required): _____

ASI Senator(print): _____ ASI Senator (sign): _____ Phone Number (required): _____

ASI Vice President of Finance: _____ ASI Coordinator: _____

PROCESSED BY:

Accountant Signature: _____ Date Processed: _____