



# ASSOCIATED STUDENTS, INC

2012-2013 ASI SPONSORED ACTIVITY EXPENSE AUTHORIZATION

### CLUB 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

### PURCHASE ORDER & SHIPPING INFORMATION

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

#### SHIPPING INFORMATION:

Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**DATE RECEIVED**  
**ASI OFFICE**

**DATE RECEIVED**  
**AUXILIARY OFFICE**

### DESCRIPTION OF EXPENSE

### TOTAL COST

DESCRIPTION OF EXPENSE	TOTAL COST

**TOTAL:** \_\_\_\_\_

### SIGNATURES & APPROVALS

#### **RECEIVED BY:**

ASI Business Office: \_\_\_\_\_ Date Processed: \_\_\_\_\_ SAF on file: \_\_\_\_\_

#### **AUTHORIZED BY:**

Club Officer (**print**): \_\_\_\_\_ Club Officer (**sign**): \_\_\_\_\_ Phone Number (**required**): \_\_\_\_\_

Club Advisor(**print**): \_\_\_\_\_ Club Advisor (**sign**): \_\_\_\_\_ Phone Number (**required**): \_\_\_\_\_

ASI Vice President of Finance: \_\_\_\_\_ ASI Executive Officer: \_\_\_\_\_

#### **PROCESSED BY:**

Accountant Signature: \_\_\_\_\_ Date Processed: \_\_\_\_\_

