



# ASSOCIATED STUDENTS, INC

## CLUB ACCOUNT EXPENSE AUTHORIZATION

### CLUB INFORMATION

Club Name: \_\_\_\_\_ Account Number: \_\_\_\_\_ Date: \_\_\_\_\_  
 Account Balance: \_\_\_\_\_

Invoice Date: \_\_\_\_\_ Invoice Number: \_\_\_\_\_

**DATE RECEIVED**  
ASI OFFICE

### 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**  
AUXILIARY OFFICE

### PURCHASE ORDER & SHIPPING INFORMATION

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

**SHIPPING INFORMATION:**

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

- Performance Fees (9845)  Supplies (9847)  Rentals/Facility Fees (9848)  Misc (9853)  Promotion/Publicity (9858)  
 Travel (9859)

### DESCRIPTION OF EXPENSE

### TOTAL COST


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

### SIGNATURES & APPROVALS

**RECEIVED BY:**

ASI Business Office: \_\_\_\_\_ Date Processed: \_\_\_\_\_

**AUTHORIZED BY:**

Club Officer (Print): \_\_\_\_\_ Club Officer (Sign): \_\_\_\_\_ Phone: \_\_\_\_\_

Club Advisor (Print): \_\_\_\_\_ Club Advisor (Sign): \_\_\_\_\_ Phone: \_\_\_\_\_

**PROCESSED BY:**

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