STUDENT CLUB/ORGANIZATION ACCOUNT

2015/2016 EXPENSE AUTHORIZATION FORM

form must be typed and bear signatures in blue ink

CLUB/ORGANIZATION & ACCOUNT INFORMATION

Club/Organization Name: _____ Account No: _____ 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: _____

ASI OFFICE

SAF_____

Current Balance $_____

DATE RECEIVED ASI OFFICE

DATE RECEIVED AUXILIARY

DESCRIPTION OF EXPENSE	TOTAL COST

TOTAL: _____

SIGNATURES & APPROVALS

CLUB/ORGANIZATION AUTHORIZATION:

Club/Organization Officer (**print**): _____ (**signature**): _____ Phone Number (**required**): _____

Club/Organization Advisor (**print**): _____ (**signature**): _____ Phone Number (**required**): _____

VERIFIED BY:

ASI Business Office: _____ Date: _____

AUXILIARY ACCOUNTING Accountant Signature: _____ Date Processed: _____