



ASSOCIATED STUDENTS, INC

rGRANT EXPENSE AUTHORIZATION

STUDENT RECIPIENT INFORMATION

rGRANT Recipient Name: _____ Phone Number: _____

Official Project Title: _____ Semester, Year: _____

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

TOTAL: _____

SIGNATURES & APPROVALS

RECEIVED BY:

ASI Finance Assistant: _____ Date Processed: _____

AUTHORIZED BY:

rGRANT Recipient: _____ ASI Academic Chair: _____

rGrant Advisor: _____

ASI Vice President of Finance: _____ ASI Executive Officer: _____

PROCESSED BY:

Accountant Signature: _____ Date Processed: _____