



ASSOCIATED STUDENTS, INC

NEW CLUB GRANT EXPENSE AUTHORIZATION

CLUB INFORMATION

Club Name: _____ Date: _____

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: _____

DESCRIPTION OF EXPENSE

TOTAL COST

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: _____

ASI VP of Finance: _____ ASI Executive Officer: _____

PROCESSED BY:

Accountant Signature: _____ Date Processed: _____