



# 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: \_\_\_\_\_

Speakers (9542)  Entertainment (9546)  Supplies (9547)  Rental/Tech (9548)  Misc (9553)  Publicity (9558)

### 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: \_\_\_\_\_