



ASI SPONSORED ACTIVITY GRANT EXPENSE AUTHORIZATION FORM

CLUB INFORMATION

Club Name: _____ Today's Date: _____
Event Name: _____ Event 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: _____

DATE RECEIVED
ASI OFFICE

DATE RECEIVED
AUXILIARY OFFICE

DESCRIPTION OF EXPENSE

TOTAL COST

DESCRIPTION OF EXPENSE	TOTAL COST

TOTAL: _____

SIGNATURES & APPROVALS

VERIFIED BY:

ASI Business Office: _____ Date Processed: _____ SAF on file: _____

AUTHORIZED BY:

Club Officer (**print**): _____ Club Officer (**sign**): _____ Phone (**required**): _____

Club Advisor (**print**): _____ Club Advisor (**sign**): _____ Phone (**required**): _____

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

PROCESSED BY:

Accountant Signature: _____ Date Processed: _____