



# ASSOCIATED STUDENTS, INC

## 2012-2013 STUDENT CLUB/ORGANIZATION ACCOUNT EXPENSE AUTHORIZATION

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

**DATE RECEIVED**  
ASI OFFICE

SAF \_\_\_\_\_

Scanned Image \_\_\_\_\_

Forward to SALD \_\_\_\_\_

Current Balance \$ \_\_\_\_\_

**DATE RECEIVED**  
Student Activities &  
Leadership Development

Forward to Auxiliary \_\_\_\_\_

**DATE RECEIVED**  
AUXILIARY OFFICE

DESCRIPTION OF EXPENSE	TOTAL COST
<b>TOTAL:</b> _____	

### SIGNATURES & APPROVALS

#### CLUB/ORGANIZATION AUTHORIZATION:

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

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

#### RECEIVED BY:

ASI Business Office: \_\_\_\_\_ Date: \_\_\_\_\_  
Please Print

UNIVERSITY AUTHORIZATION: (Student Involvement) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

AUXILIARY ACCOUNTING Accountant Signature: \_\_\_\_\_ Date Processed: \_\_\_\_\_