



ASSOCIATED STUDENTS, INC

2013-2014 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: _____

ASI OFFICE

SAF _____

Current Balance \$ _____

**DATE RECEIVED
ASI OFFICE**

**DATE RECEIVED
AUXILIARY**

DESCRIPTION OF EXPENSE TOTAL COST

DESCRIPTION OF EXPENSE	TOTAL COST

TOTAL: _____

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

AUXILIARY ACCOUNTING Accountant Signature: _____ Date Processed: _____