



ASSOCIATED STUDENTS, INC

2012-2013 CLUB ACCOUNT EXPENSE AUTHORIZATION

CLUB & ACCOUNT INFORMATION

Club Name: CLUB NAME Account No.: ACCT # Date: _____

BILLING INFORMATION

Invoice Date: _____ Invoice Number: _____ **IF PAYING A BILL, PUT INVOICE INFO HERE*

PAYEE INFORMATION

Name: _____ Phone: _____ **THIS IS TO DESCRIBE TO WHOM THE CHECK IS BEING WRITTEN (A VENDOR OR AN INDIVIDUAL SEEKING REIMBURSEMENT)*
**Be sure to attach the invoice you are paying if paying a bill directly or original receipts if reimbursement needed.*

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: **IGNORE IF NOT ISSUING A P.O.*

Street Address: _____

City: _____ State: _____ Zip: _____

DATE RECEIVED
ASI OFFICE

DATE RECEIVED
AUXILIARY OFFICE

DESCRIPTION OF EXPENSE

TOTAL COST

DESCRIPTION (I.E. 5 BASEBALL BATS AT \$6 EACH)

X

Y

TOTAL:

X+Y

SIGNATURES & APPROVALS

RECEIVED BY:

ASI Business Office: ASI OFFICE Date Processed: _____

AUTHORIZED BY:

Club Officer (print): STUDENT OFFICER Club Officer (sign): _____ Phone Number (required): _____

Club Advisor (print): CLUB ADVISOR Club Advisor (sign): _____ Phone Number (required): _____

PROCESSED BY:

Accountant Signature: ASI ACCOUNTANT Date Processed: _____