

Authorization for Expenditure of Funds

Make check payable to	:		HOLD) [] MA	AIL [
NAME						
ADDRESS	PHONE#		E-M	E-MAIL		
CITY	STATE	ZI	Р			
NAME OF ACCOUNT	TO BE CHARGED					
	DESCRIPTION		Quantity	Unit Price	Amount	
Additional Information / Documentation Required:						
Minutes - highlight approval of expenditure						
Description/Details of purchase/service rendered						
Date & Name of activity						
Attach all Original Receipts/Invoices	Received by:					
FAILURE TO PROVIDE THE ABOVE MAY CAUSE DELAYS IN PROCESSING	Date Received/Mail:_			Tax Shipping		
				TOTAL		
Club Advisor:	Type/Print Name	Signa	ture		Ext.	
Club Representative:	Type/Print Name	Signa	ture		Phone	
A.S. Officer:	Signature	1	Date:			
Dean of Student Affairs:			Date:			
	ct Balance:		Che	Check Date:		