Expense Approval Form (EAF) THIS FORM MUST BE FILLED OUT FOR ANY EXPENDITURE YOUR CLUB MAKES. ******* Please allow 3 days turnaround for most requests; 7-10 days for check requests******

VISA(Office use only)	Date you need this Transaction done by Today's Date		
Requestor's Name			
EmailPhone	Oı	ganization	
Alternate Contact			
Name	Phone	Email	
Account number: (Off		000	000
(Off	ice use only)		
Method of Payment/Transaction neede	ed:	L	DATE CTAMB HERE
☐ Cash Needed (Maximum cash allowed is \$200. Give Details (You must submit receipts within 5 days. Use Tax Exempt Certific		☐ Office-Max Purchase	DATE STAMP HERE
		☐ Travel	
Check Payment (RIT Requires Official Backup in check. Attach invoices/receipts /W-9 for all Check Requests student, student needs to complete Direct Deposit Authoriza	s. If check is for a	☐ Additional Award Appr Award #	
Accounts Payable)		□ VISA	
\square Hub (After purchase, return invoice to Club Resource Ce	enter)	☐ Transfer of Funds	
Event Name De	estination	Event Da	ate
Company/Individual that you will be particularly Name		nv's Phone#	
	1 2		
Address	Company's Fax#		
City/State/Zip	Student's University ID#		
Detailed Description of Purchase: (List depurchased and the purpose of the purchaseif you are request	etails of your event includ ing change for an event, l	ing names of attendees or number of exp ist denominations of cash needed and an	ected attendees/items to be nounts)
		Total \$	
Advisor's Name (Please print)		E-mail	
Advisor's Signature		Advisor's Phone #	
Please fill this form out completely. Your requ			
mail folder often!		Shipments	
T SHIRT APPROVAL			
(Signature of Center for Campus Life Professiona	al/Manager Staff)	Signature	Pick Up Dat