

# Expenditure Request Form

Delivery Method for Check:

Will pick up

Campus Mail to Advisor

Direct Mail to Vendor/Payee

Event: \_\_\_\_\_

Student Organization Name: \_\_\_\_\_

Account #: 10- \_\_\_\_\_

Date Check Needed: \_\_\_\_\_

\*Please complete all information below.

Vendor/Payee: \_\_\_\_\_ Phone # \_\_\_\_\_

Student ID required for all student vendors: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Qty	Item	Unit Cost	Total Cost

(Please remember to attach all receipt/invoices) Total Cost of Items: \_\_\_\_\_

Requested by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Organization Officer Signature)

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Organization Officer Signature)

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Manager of Student Life)