

Club Expenditure Requisition & Reimbursement Request

Club name

Today's date

Date needed

| Item Description | Unit Cost | # Units | Total |
|------------------|-----------|---------|-------|
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| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| TOTAL | | | |

Please indicate what you need:

| | |
|---------------------------------------|--|
| Prepayment requested Reimbursement | Invoice to be paid Hand-carry check |
|---------------------------------------|--|

_____ Student?

Check payable to (print name) _____ X number (for reimbursement) _____

Mailing address _____ City, state, zip code _____

Is there a vendor? yes no

Vendor name _____

Mailing address _____ City, state, zip code _____

Vendor # _____ Account # _____ Invoice # _____

Additional comments or
specific instructions:

Signature of person making request ext. Club advisor's signature (or advisor's supervisor)

Please attach copies of any documents to be forwarded with the payment request. Tape receipts to a separate sheet. Club advisors requesting reimbursements must get this form signed by their supervisor. Return form to the Clubs Coordinator in the Student Life & Leadership office. Questions, call x4465.