Expenditure Request Form

To: Treasurer, Student Services, Inc. (Invoice(s) or Receipt(s) attached)

Date Submitted: ________________________________

Invoice Date: ________________________________

Invoice Number: ________________________________

P. O. No.: ________________________________

Please authorize the expenditure of:

$ ________________________________

From: _______________________________________

Organization Name

For: _______________________________________

Budget Line Item Name

Budget Line Item Number

Checks Shall Be: [ ] Mailed  [ ] Picked Up

Checks are cut on Thursday. This form is due by 1:00 pm on Tuesday for processing same week.

Make checks payable to:

________________________________________

(Required) Treasurer of Organization (Print and Sign Name)

(Required) President of Organization (Print and Sign Name)

(Optional) Advisor of Organization (Print and Sign Name)

____________________________

Fiscal Office

Revised 8/1/2013