STUDENT GROUP 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)

REVISED 2/5/2019