EXPENSE REQUEST
Student Government Association

Club

Person Submitting Request__________________________ Position__________________________

Date__________________________________________

EXPENSE INFORMATION

Expense Amount $________________ Category to be Charged__________________________

Please select one of the following options and staple all supporting documentation to this form.

☒ Cash Advance - Only one advance permitted per event. Allowable amount is up to $200. Return receipts and leftover cash to office within one week of purchase.

☒ Reimbursement for Individual – Receipts must be submitted within 30 days of purchase. Sales tax cannot be reimbursed (tax exempt forms provided upon request). Original receipts showing payment type are required. Allowable amount is up to $200.

☒ Credit Card or On-line Order – Attach invoice, printout of shopping cart and/or supporting documentation.

☒ Student/Employee Payroll – Payroll account must be set up by student with student employment to receive payment.

☒ Vendor/Business Payment – Attach a price quote, estimate, or documentation of proposed cost. No vendor/business should be guaranteed payment in verbal or written form prior to approval of the expense request. Return a proof of purchase or invoice to the office within one week of completing the purchase.

☒ Travel Reimbursement - Attach a completed Travel Form. A Travel Roster must have been submitted prior to traveling.

Detailed description of expense (EVENT DATE, NAME AND LOCATION AS WELL AS WHAT SPECIFIC ITEMS HAVE BEEN/WILL BE PURCHASED) is required before request will be approved.

________________________________________

CHECK INFORMATION

Make Check Payable To:________________________________

Address
(If check is being mailed)

Signature of Check Recipient (students only)

For Checks Only: Hold for Pick-Up _________ US Mail __________ (to outside vendors only)

APPROVAL SIGNATURES

Club Treasurer Date

Co-Signer (if applicable) Date

SGA Vice President for Financial Affairs Date

Director of Leadership Activities Date

For Office Use Only

Budget Checked:
Check# ____________ Date ____________