

EXPENSE REQUEST

Student Government Association

Use this form to request a:

- check
- reimbursement up to \$200
- credit card payment or an on-line order
- cash advance up to \$200
- pre-approved contract-vendor payment
- travel reimbursement

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 _____