

Club Expense Requisition

Date _____

Requestor _____

Requestor phone # _____

Club FOAPAL _____

Club Name _____

Payee Name _____

Payee Address _____



Description (e.g., meals, lodging, etc.) Include invoice and PO #, if applicable	Cost per line item
Total	

Invoices, receipts and club minutes **must be attached to this requisition for final payment.**

Please submit this completed form, with requestor/club advisor signatures, and supporting documentation to Student Life & Leadership office for approval and processing.

PLEASE SIGN ON THE LINES BELOW.

Requestor SIGNATURE

Club Faculty/Staff Advisor SIGNATURE

Authorizing Signature
Director of Student Engagement

To be completed by the ASCC Financial Liaison

Director of Fiscal Services _____ Date _____

Beginning account balance \$ _____ Ending account balance \$ _____

Less amount of this requisition \$ _____