

# Student Expenditure Approval Form

This form must be **COMPLETED** and **APPROVED** FOUR WEEKS PRIOR to any purchases.

## Section A: To Be Completed By Student

### Event Information

Requestor: \_\_\_\_\_ Group/Organization: \_\_\_\_\_  
Event: \_\_\_\_\_ Date, Time & Place of Event: \_\_\_\_\_  
Purpose of Event: \_\_\_\_\_

Date of Request: \_\_\_\_\_ Signature of Group Approving Officer: \_\_\_\_\_  
(Chair/President or Treasurer)

**\*\*Note: Please attach event agenda/itinerary.**

Item(s) requested: \_\_\_\_\_

Date Needed: \_\_\_\_\_ Cost Estimate: \_\_\_\_\_ Vendor Name: \_\_\_\_\_

Vendor Address: \_\_\_\_\_

Attach itemized receipt(s) and return to Student Affairs **WITHIN 1 WEEK** after purchase or event.

**A LIST OF ATTENDEES MUST BE ATTACHED FOR ALL MEETINGS/EVENTS WHERE FOOD IS SERVED.**

## Section B: For Office of Student Affairs Use Only

Approval: \_\_\_\_\_ Date: \_\_\_\_\_ BP: \_\_\_\_\_

Purchase Order Needed? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, PO#: \_\_\_\_\_  
(Note: PO form(s) can only be completed on Springfield Campus)

New Vendor? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, W-9 with original signature required

Payment type: P-Card: \_\_\_\_\_ IDF: \_\_\_\_\_

Name of p-card holder: \_\_\_\_\_

If Reimbursement - Name: \_\_\_\_\_

Dawgtag #: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Entertainment Expense Form

\_\_\_\_\_ Alcohol Approval Form

# PLEASE SIGN IN

<b>EVENT:</b>			
<b>DATE:</b>		<b>TIME:</b>	
<b>LOCATION:</b>			

**\*\*FOR FOOD EVENTS A SIGN IN SHEET MUST BE SUBMITTED WITH REIMBURSEMENT PAPER WORK**

1		26		51	
2		27		52	
3		28		53	
4		29		54	
5		30		55	
6		31		56	
7		32		57	
8		33		58	
9		34		59	
10		35		60	
11		36		61	
12		37		62	
13		38		63	
14		39		64	
15		40		65	
16		41		66	
17		42		67	
18		43		68	
19		44		69	
20		45		70	
21		46		71	
22		47		72	
23		48		73	
24		49		74	
25		50		75	