



FASC - ACTIVITY FUNDS
REQUEST FOR PURCHASE AND PAYMENT

THIS REQUEST WILL NOT BE SUBMITTED FOR APPROVAL UNLESS SUFFICIENT FUNDS ARE AVAILABLE IN ACCOUNT

Date: Club/Organization Name:

Vendor Name/Address:

JUSTIFICATION FOR EXPENSE: PROVIDE DETAILS OF TRANSACTION (VENDOR QUOTE (PO) OR ITEMIZED PROFORMA INVOICE MUST BE ATTACHED)

Purchase Amount not to exceed:

Sponsor Signature: Date:

Principal Approval: Date:

Board of Control Reviewed (As Applicable) Date:

VENDOR PAYMENT INFORMATION:

To request payment to vendor you must:

- Submit a completed and approved copy of this form
Advance Payment - attach copy of Advance Payment Form (Student Travel Only - No Food)
Reimbursement (must have prior documented approval)
Payment to Vendor - submit a quote (PO) or an invoice (original not copy) to support requested amount.

**If invoice exceeds pre-approved amount, a new request must be submitted **

FOR OFFICE USE

Must be completed by Bookkeeper

Linecode for Expense Fund Fn Object SObject Org Yr Pic

Funds Available \$ Date Verified: Bookkeeper Initials:

Purchase Order#: Check Requisition#

Advance/Reimbursement Expense Report#: