Date ________________________

Sponsor_______________________________

Activity Account____

The signatures below indicate approval of using activity account funds to pay or reimburse:

____ *(vendor/person)*

____ (*X indicates used school credit card)*

in the amount of $ ____________________

for services or products as detailed on the receipt/invoice provided.

___

Student Officer Name *Signature* *Date*

___

Student Officer Name *Signature* *Date*

_ _

(completed by campus office)

Date Received_________________________

P.O. # _________________________