

EXPENDITURE REQUEST

Please complete all forms in black or blue ink.

Date: _____

Check or P.O. to be made **payable to:**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Group or dept. name:

Amount Requested: \$ _____

Check one:

- Pick up check at accounting
- Send check via U.S. mail
- Send check via campus mail
Mail Drop # _____
- Other: _____

This Expense is a: Reimbursement with original receipts Personal Service Performed contract
 Payment with invoice Other
 Purchase order that will need to be closed after items are received

Purpose of Request:

(Please explain what this was for, including program name.)

Account number (Type of expense)	Fund number (Agency or budget)	Department number	Project number (kind of program)
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Contact person name: _____

Contact E-mail: _____

Contact Phone #: _____

Current Designated Advisor's Signature **REQUIRED**

Advisor's name: _____

Advisor's signature: _____

Administrative Use Only					
Vendor ID#	W-9	Student	HR	Authorized Signature Verified	Reference #
_____	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	_____ <small>(Initials)</small>	_____

Please submit all paperwork to Accounting Services located in USU SW 100
 18111 Nordhoff St., Northridge, California 91330-8350 (818)677-2389 <http://www.csunas.org>