

STUDENT CLUB EXPENSE VENDOR PAYMENT

Please provide all necessary information below and attach invoice. Invoices should be turned in to Business Office within 1 -2 days after purchase is made. No sales tax is allowed on vendor payments.

TODAY'S DATE: _____

NAME OF CLUB: _____

ACCOUNT NUMBER USED TO PAY EXPENSE: _____

NAME OF VENDOR: _____

AMOUNT OF INVOICE: _____ DATE OF INVOICE: _____

IS THIS EXPENSE FOR A MEETING? ____ NO ____ YES (IF YES, ATTACH LIST OF ATTENDEES WITH DATE AND PURPOSE OF MEETING)

IS FOOD BEING PURCHASED? ____ NO ____ YES (IF YES, ATTACH LIST OF ATTENDEES AND WHAT TYPE OF FUNCTION)

DESCRIPTION OF ITEM(S)/SERVICE PURCHASED:

ATTENTION FACULTY/ADVISOR:

PLEASE INITIAL HERE TO INDICATE THAT EXPENSE IS APPROVED **AND** ACCOUNT# HAS BEEN VERIFIED
