CSUEB Student Club & Organization Funding and Reimbursement Request

Club/Organization: ____________________________
Name: ____________________________
Student’s Name: ____________________________
Position: ____________________________ Net ID: ____________________________
Club/Organization Fund#: AS ____________
Event: ____________________________
Date of Event: ____________________________

TYPE OF TRANSACTION:

[ ] Cash Advance
   Amount: $__________

   Important: Cannot exceed $500. Cash advances are to be used exclusively for events approved by Student Life and Leadership Programs. Original receipt(s) must be taped to a blank sheet of paper, stapled to this form, and returned to SA 2750 within 2 business days of the event. Failure to comply could result in a hold on your student record or a charge to your student account.

[ ] Cash Advance: ASI Funded Event
   Amount: $__________

   *Total Amount Approved by ASI Finance Committee: $__________

   Important: Cannot exceed $500. Cash advances are to be used exclusively for events approved by Student Life & Leadership and funded by Associated Students, Inc. All original receipt(s) and any remaining monies must be returned to SA 2750 within 2 business days of the event. Receipt(s) must be taped to a blank sheet of paper and stapled to this form. Failure to comply could result in a hold on your student record or a charge to your student account.

[ ] Cash Reimbursement
   Amount: $__________

   Important: Cash reimbursements cannot exceed $500. Original receipt(s) must be taped to a blank sheet of paper and stapled to this form.

[ ] Check Request
   Amount: $__________

   Important: Original invoice and Vendor Data Record with original signature must be attached to Check Request. Check Requests will be processed by Student Life and Leadership Programs.

[ ] Credit Card Purchase
   Amount: $__________

   Important: A credit card can be used to purchase conference registrations, membership dues, etc. Please bring all necessary documentation to the Student Life Office to facilitate a credit card transaction.

[ ] Purchase Order (P.O.)
   Amount: $__________

   Important: Special circumstances and purchases over $1000 require a P.O. See your Student Life Advisor for detailed instructions.

Student Life Advisor’s Signature ____________________________ Date ____________________________
Student Life Director or Authorized Signature ____________________________ Date ____________________________

[Distribution: White - Student   Yellow - Accounting & Fiscal Services   Pink - Student Life and Leadership Programs]

**Take this form to SA 2750 for processing**