CSUEB Student Club & Organization Funding and Reimbursement Request

Date: ____________________

Club/Organization Name: ____________________

Student’s Name: ____________________

Position: ____________________ Net ID: ____________________

Club/Organization Fund#: AS ______

Event: ____________________

Date of Event: ____________________

TYPE OF TRANSACTION:

[ ] Cash Advance 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 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**