

SAN DIEGO MESA COLLEGE

Authorization for Expenditure of Funds

DATE _____

Make check payable to:

HOLD

MAIL

NAME _____ CSID# _____

ADDRESS _____ PHONE# _____ E-MAIL _____

CITY _____ STATE _____ ZIP _____

NAME OF ACCOUNT TO BE CHARGED _____

	Quantity	Unit Price	Amount
<p><u>Additional Information / Documentation Required:</u></p> <p><u>Minutes</u>- highlight approval of expenditure</p> <p><u>Description/Details</u> of purchase/service rendered</p> <p><u>Date & Name</u> of activity</p> <p><u>Attach all Original Receipts/Invoices</u></p> <p>FAILURE TO PROVIDE THE ABOVE MAY CAUSE DELAYS IN PROCESSING</p>			
	Received by: _____		
	Date Received/Mail: _____		
		Tax	
	Shipping		
	TOTAL	\$	

Club Advisor: _____
Type/Print Name
Signature
Ext.

Club Representative: _____
Type/Print Name
Signature
Phone

A.S. Officer: _____ Date: _____
Signature

Dean of Student Affairs: _____ Date: _____
Signature

Clerk: _____ Acct Balance: _____ Check Number: _____ Check Date: _____