

REQUEST FOR ACTION
Purchase/Payment/Reimbursement

For Office Use Only
Document # _____
Index Code _____
Acct. Code _____
Activity Code _____

Org. Name **OR**
Date: _____ Club Name: _____

Event: Name _____ Date _____

Reimbursement from: SFC Funds \$ _____ ICC Funds \$ _____ Club Funds \$ _____

Attach original ITEMIZED receipts. Credit/debit card receipts ARE NOT ACCEPTABLE

Short description of items and/or services:

TOTAL AMOUNT: \$ _____

Action Required: (Select A or B)

- A. Checks: Mailed _____ Direct Deposit _____ *(after Direct Dep. Form has been completed)*
- B. Purchase Orders: _____ Hard copy to be mailed _____ Hard copy to be picked up

Name: _____
Student ID # _____ or Federal Tax ID # _____
Address: _____
City/State/Zip: _____
Contact: _____ Phone # _____

If reimbursement includes food purchase:

Campus/Community Participants _____
Outside Guests _____
Event Beginning Time: _____ Ending Time: _____

Claimant's Signature: _____ Date: _____

I certify that the expense itemized above is necessary and in accordance with the budget allowance of the organization and that no part has been claimed before or will be claimed from any other source.

Club/Organization Approval: _____ Date: _____

Club/Organization Approval: _____ Date: _____

Two signatures required from signature card.