

EXPENDITURE REQUEST

Please complete all forms in black or blue ink.

Date: _____

Check or P.O. to be made **payable to:**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Group or dept. name: _____

Amount Requested: \$ _____

Check one:

Pick up check at accounting

Send check via U.S. mail

Send check via campus mail

Mail Drop # _____

Other: _____

(818) 391-9203

This Expense is a: Reimbursement with original receipts

Payment with invoice

Purchase order that will need to be closed after items are received

Personal Service Performed contract

Other

Purpose of Request:

(Please explain what this was for, including program name.)

Account number
(Type of expense)

Fund number
(Agency or budget)

Department
number

Project number
(kind of program)

A / G

4

Contact person name: _____

Contact E-mail: _____

Contact Phone #: _____

Current Designated Advisor's Signature **REQUIRED**

Advisor's name: _____

Advisor's signature: _____

Administrative Use Only

Vendor ID# _____	W-9 Y <input type="radio"/> N <input type="radio"/>	Student Y <input type="radio"/> N <input type="radio"/>	HR Y <input type="radio"/> N <input type="radio"/>	Authorized Signature Verified _____ (Initials)	Reference # _____
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Please submit all paperwork to Accounting Services located in USU SW 100

18111 Nordhoff St., Northridge, California 91330-8350 (818)677-2389 <http://www.csunas.org>