



REQUEST FOR SERVICE FORM
REQUEST FOR CHECK/REQUEST FOR REIMBURSEMENT
This form may not be used for Travel Reimbursement

This form is to reimburse persons who have purchased items for their club/department or for invoices that need to be paid. We can only reimburse with the amount, name, address, R# /tax ID number, and an authorizing signature on this form. We must have the original, detailed invoice/receipt of what was purchased. Reimbursement checks will be available in the Cashier's office on the third floor of the Student Services Building approximately 10 to 15 working days after this form is received in the ASUN Accounting Office. Checks for vendors will be mailed.

Amount: _____

- BLANKET PURCHASE ORDER (BPO) - For purchases to off campus vendors for more than \$2000.00. Please attach a quote from the vendor that includes vendor name, address, tax ID number).

PLEASE DO NOT USE HIGHLIGHTER ON THE RECEIPTS.

Vendor/Student Name: _____

Vendor Address: _____

CIRCLE THE ITEMS THAT NEED TO BE REIMBURSED IF NOT

Student ID /Tax ID number: _____

ENTIRE RECEIPT AMT.

Account Funding This Request: (Circle choice)

Club/Organization/Department name: _____

- 1. Funds being used from your ASUN club account (account that your club makes deposits into).
2. Funds approved by ASUN Clubs & Organizations Commission

Event: _____ Date/time of Event: _____

Location of Event: _____ Attendees: _____

(If food or gifts are purchased/being reimbursed, please provide the names of the people, on the back of this form, who attended the event if it involves less than 20 people. If more than 20 people attended, please write approximate number or "open to the public".)

ANOTHER PERSON WHO IS AUTHORIZED TO SIGN ON THIS ACCOUNT MUST SIGN IF THIS REIMBURSMENT IS FOR YOU.

Name(Print): _____ Phone number: _____ E-mail: _____

Authorizing signature on account: _____ Date: _____

For office use only
ASUN Officer/Director Signature
Student Engagement Staff Signature
Account Balance:
Date Stamp
Date of Last Transaction: