



| OFFICE USE ONLY | |
|-----------------|--|
| VENDOR# | |
| PO# | |
| ENT'D BY | |

ACCOUNT TYPE Associated Students University Student Union

Make Check or Purchase Order Payable To (one vendor per RPP):

| | | | | | |
|-----------------|--|-------|--|------|--|
| Name | | | | Date | |
| Mailing Address | | | | | |
| City | | State | | Zip | |

Check One:

Hold - Phone Number or E-Mail to Contact for Pick-Up: _____
 Mail to Above Address Deposit to: _____

GROUP OR DEPARTMENT NAME _____

From which account number(s) would you like this payment made?

| | | | | Amount to Charge |
|------------------------|----------------------|----------------------|----------------------|----------------------|
| LINE 1 ACCOUNT NUMBER | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| LINE 2 ACCOUNT NUMBER | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| LINE 3 ACCOUNT NUMBER | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| LINE 4 ACCOUNT NUMBER | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Total Amount to Charge | | | | \$0.00 |

Please describe the purpose and/or use of this purchase.

I certify under penalty of perjury that all goods have been received and all services have been rendered in connection with the above purchase. I further certify that all goods and services received were used exclusively for legitimate purposes in accordance with an ASI grant or ASI budget appropriation.

| | | | |
|---------------|-----------|------|---------|
| Requested by: | | | |
| Print Name | Signature | Date | Phone # |

I certify under penalty of perjury that I am authorized to approve expenditures from the above account(s) in accordance with the ASI Policy on Signature Authority.

| | | | |
|--------------|-----------|------|---------|
| Approved by: | | | |
| Print Name | Signature | Date | Phone # |
| Approved by: | | | |
| Print Name | Signature | Date | Phone # |

FOR OFFICE USE ONLY

| | | | | | | | |
|-------------|--|--------------|--|--------|--|----------|--|
| Invoice No. | | Invoice Date | | Amount | | Due Date | |
| Invoice No. | | Invoice Date | | Amount | | Due Date | |
| Invoice No. | | Invoice Date | | Amount | | Due Date | |
| Balance(s) | | Picked Up By | | Mailed | | | |
| Verified By | | Released By | | Date | | | |

Original documentation (receipts, invoices, contracts, etc.) must be attached to this form in order for payments to be processed. Copies of will not be accepted.