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_____

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