|  |  |
| --- | --- |
| **ORGANIZATION:**  | **VENDOR:**  |
| **REQUESTED BY:**  |  |
| **CLUB OFFICER:**  |  |
| **PHONE:**  | **TEL:** **W-9:** YES/NO  |

|  |  |  |
| --- | --- | --- |
| **INVOICE #** | **DESCRIPTION OF COMMODITY/SERVICES** | **AMOUNT** |
|  |   |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  | **TOTAL:**  |

**FORMS MUST BE ACCOMPANIED BY APPROPRIATE DOCUMENTATION – SCANNED DOCS AND PHOTOS ARE ACCEPTABLE. PLEASE ATTACH IN THE SAME EMAIL.**

**TYPICAL PAYMENT TIME IS 2-3 WEEKS. PLEASE ALLOW EXTRA TIME FOR PAYMENT DURING THIS TIME.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **ORG #** | **FY** | **AGENCY** | **FUND** | **ORG #** | **ACCOUNT** | **PROGRAM** | **AMOUNT** |
|  | **2023-2024** | **7704** | **DH 2000** |  | **7** | **505200** |  |
|  |  | **7704** | **DH 2001** |  | **7** | **505200** |  |
|  |  | **7704** | **DH** |  | **7** | **505200** |  |

**WHICH ACCOUNT? PLEASE HIGHLIGHT. ALLOCATED REVENUE**

**SIGNATURES INDICATE THAT THE ABOVE REFERENCED COMMODITIES AND/OR SERVICES, HAVE BEEN COMPLETELY RECEIVED; ARE SUBMITTED FOR PAYMENT AND ARE VALID CLAIMS AGAINST THE STUDENT ACTIVITY FUND, AND THAT ADEQUATE FUNDS ARE AVAILABLE.**

**TYPE: CLUB ADVISOR APPROVAL/SIGNATURE & DATE: STUDENT ACTIVITY DIRECTOR APPROVAL/SIGNATURE & DATE:**