

***** Example Expenditure Request Form *****

All areas highlighted in green must be completed before submission for approval.

University of Connecticut Graduate Student Organization School of Social Work	Trustee Account Use Only Voucher No. _____ KFS Charge _____ E-Doc No. _____ Flyer <input type="checkbox"/> Sign In <input type="checkbox"/> Workbook <input type="checkbox"/>	
<div style="border: 1px solid black; padding: 5px; display: inline-block;">Voucher-Check Request</div>		
Payment Type (check one): Reimbursement (RB) <input checked="" type="checkbox"/> Complete All Address Lines Direct Payment (DP) <input type="checkbox"/> Check Re-issue (RI) <input type="checkbox"/>	Please note that the person submitting the expenditure request cannot be the payee for a reimbursement.	
Check Payable To (Payee/Vendor): Jane Johnson Address: 123 Main Street, Apt. B City, State, Zip Hartford, CT 06110 Phone:xxx-xxx-xxxx (860) 555 - 1234 NON-UConn E-Mail Addr.: jjohnson@gmail.com *Invoice/Ref No.: _____ Inv/Purchase Date: _____ Amount: \$ \$150		
EXPENSE DOCUMENTATION MUST BE ATTACHED: ORIGINAL INVOICE, RECEIPT, CONTRACT etc. INCLUDE ITINERARIES, ATTENDEE LIST, MEMBERSHIP LIST, REGISTRATION FORM, WEB PRINT OUT OF EVENT etc.		
For (Event Name): Welcome Meeting Event Date: 9-30-16 (or Sept. TBA) Funds Approved in Minutes Dated: _____ Please describe the purpose for this expense. How will the items be used? <div style="background-color: green; padding: 5px; margin-top: 5px;">Food for welcome event</div>		
*If payment is for more than one invoice, list each invoice with details below: Please describe the items purchased: example: 10 large cheese pizza @ 12.00=120.00. + 5.00 tip.		
<div style="background-color: green; padding: 5px; margin-top: 5px;">Pizza, salad, drinks</div>		
All Signatures: By Signing Below I Certify The Expenses Described Above Are Approved for Payment and in Compliance with Spending Policies.		
CLUB Account to be Charged: Acct No. _____ Club Name: PRIDE Club Student Representative Requesting Payment cannot be payee : <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="text-align: center;"> Dorothy Smith Printed Name </div> <div style="text-align: center;"> Signature </div> <div style="text-align: center;"> 9-10-16 Date </div> </div>		
Below for Trustee Account Only		
Trustee Account to be Charged: GSO Acct: _____ Account Name: _____ GSO Student Representative Requesting Payment: Printed Name _____ Signature _____ Title _____ Date _____		
Payment Approved By Trustee Account Officers - Cannot be Payee		
Co-Chair _____ Printed Name _____ Signature _____ Title _____ Date _____ Treasurer _____ Printed Name _____ Signature _____ Title _____ Date _____		
MUST HAVE APPROVED W-9 ON FILE PRIOR TO RENDERING PAYMENT		
Copy Vendor No. from Approved Vendor List _____ Paid by Check No.: _____ Date: _____ Funds Approved in Minutes Dated: _____ Expense Code _____ Amount _____ Expense Code _____ Amount _____ Expense Code _____ Amount _____ Expense Code _____ Amount _____		
Payment Approved By Authorized University Staff:		
Milagros Marraro-Johnson Student Services Dir. Printed Name _____ Signature _____ Title _____ Date _____		
Check Disposition: Mailed _____ On Date: _____ or Receipt of Check Acknowledged By: _____ Printed Name _____ Signature _____ Date _____		
SDSA Initials/Date: _____		