STUDENT SUSTAINABILITY FUND EXPENSE REQUEST FORM
(All lines must be completed before request will be considered)

Project Information:

Name of Project: ___________________________________________ Contact Person: ___________________________________________

Phone Number: __________________________ Email: ________________________________________________________________

Pay the following person or company:
(All of these fields must be completed)

Name: ___________________________________________ Phone Number: __________________________

Campus Box Number / Address: ___________________________________________ Student ID or Employee ID or 9-Digit Federal Tax ID Number: __________________________

City, State, Zip Code ___________________________________________ Email: __________________________

Payment Information: ___________________________________________ Total $ ____________

3408/Gasoline: $ __________________________ 3508/Equipment Rental: $ __________________________ 2600/Stipend: $ __________________________

3487/Supplies: $ __________________________ 3513/Printing &/or Binding: $ __________________________ 3653/Travel: $ __________________________

3420/Equipment Purchase: $ __________________________ 3553/Entertainment & Food: $ __________________________ 3604/Parking & Mileage: $ __________________________

3506/General Services: $ __________________________ 3420/Equipment Purchase: $ __________________________ 3553/Entertainment & Food: $ __________________________

Payment Type:

□ Check Request: (Additional backup document is required: original itemized receipt with proof of payment, invoice or completed signed contract)

□ Inter-Dept. Order: (Transfers to Student Union group accounts are not permitted)

Department being billed: ___________________________ Dept. #: ___________________________

Department receiving payment: ___________________________ Dept. #: ___________________________

□ Purchase Order

□ Travel: same as above (Reimbursement for gasoline, hotel, registration fee, airline, car rental, meals)

Dates of Travel: ___________________________ Destination (City, State): ___________________________

Description of Purchase/Reimbursement: (Please include quantity, price, and shipping costs for POs)

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Project Group Signature ___________________________ Date: ___________________________

SSF Treasurer Signature ___________________________ Date: ___________________________

Office of Sustainability Signature ___________________________ Date: ___________________________