Expense Approval Form (EAF)

THIS FORM MUST BE FILLED OUT FOR ANY EXPENDITURE YOUR CLUB MAKES.

Credit Card may be done same day. Please allow 3 days turnaround for most other requests (7-10 days for check requests.)

VISA __________________ (Office use only) Date you need this Transaction done by __________________

Requestor’s Name ___________________________ Today’s Date ____________

Have you viewed the EAF training video this academic year?: □ Yes □ No

Email ___________________________ Phone ___________ Organization ___________________________

Alternate Contact ___________________________ Phone ___________ Email __________________________

(Office use only)

Account number to be used: _______ _______ _______ _______ _______ _______ _______ _______ _______ 00000

□ Requestor Financially Certified □ in Link □ Event EVR Registered □ Verified By __________

Form originally submitted: □ Complete □ Incomplete

Method of Payment/Transaction needed:

□ Petty Cash Needed (Maximum allowed is $200. Give Denominations Below.)

□ Check Payment (RIT Requires Official Backup in order to draw a check. Attach invoices/receipts/W-9 for all Check Requests. If check is for a student, student needs to complete Direct Deposit Authorization Form—Accounts Payable and include UID # below)

□ Hub (Requires a copy of item being copied. And approval from Sarah)

□ VISA (Bring EAF form to appointment)

□ Transfer of Funds

□ Additional Award Approved Funds

Award # __________________

Event Name ___________________________ Event Location ___________________________ Event Date ____________

Company/Individual that you will be paying:

Name ___________________________ Company’s Phone# __________________

Address ___________________________ Company’s Fax# __________________

City/State/Zip ___________________________ Student’s University ID# __________________

Detailed Description of Purchase: (List details of your event including names of attendees or number of expected attendees/items to be purchased and the purpose of the purchase....if you are requesting change for an event, list denominations of cash needed and amounts)

_______________________________________________________________________________________________

_______________________________________________________________________________________________

Total $ __________________

Advisor’s Name (Please print) ___________________________ E-mail ___________________________

Advisor’s Signature ___________________________ Advisor’s Phone # __________________

Please fill this form out completely. Your request could be delayed if any information is missing. Check your club’s mail folder often!

 Flyers/Posters/Shipments

APPAREL/FLYER APPROVAL
(Signature of Center for Campus Life Professional/Manager Staff)

Signature ___________________________ Pick Up Date ___________________________