

(THIS FORM MUST BE ON BLUE PAPER TO BE ACCEPTED)



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:

Date Stamp Here

- 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)
Revised August 2016

Signature \_\_\_\_\_ Pick Up Date \_\_\_\_\_