Front Desk Received:

FINANCIAL REQUEST FORM

ORGANIZATION INFORMATION

Organization Account #

_ _ -_ _ _ _ _ _ _ - _ _ _ _ _ _ - _ _ _ _ _ _

Not Required **Required**

Full Organization Name: _____

Requestor's Name: _____

Additional Pick-Up Names: _____

Email Address: _____

Phone Number: _____

EVENT or PROJECT *(if applicable)*

R25 Confirmation #: _____

Name of Event/Project: _____

Event Date: _____

People in attendance: _____

Please estimate the number of attendees

1. CHECK or OFF-CAMPUS PURCHASE ORDER

Payment to Corporation or Individuals

Please attach supporting documentation. Please speak with the SA Advisor or Financial Administrator for all reimbursements approvals before purchases are made.

Name of Vendor: _____

Contact Person: _____

Phone Number: _____

Tax ID # or SSN: _____

Mailing Address: _____

City/State/Zip: _____

Fax Number: _____

Is a W9 on file? ☐ Yes ☐ No

(If no please submit a W9)

Description (Invoice Required)

_____

_____

For Check Request Only

☐ Mail (*Account will be charged for Postage*)

☐ Hold for Pick-Up

PAYMENT AMOUNT: $_____

Date Needed By : _____

2. PURCHASE CARD *up to $500* | GIFT CARDS | EAGLEBUCKS CARD | ON CAMPUS PO

Vendor: _____

Amount Requested: $_____

Desired Pick Up Date: _____

Vendor: _____

Amount Requested: $_____

Desired Pick Up Date: _____

Vendor: _____

Amount Requested: $_____

Desired Pick Up Date: _____

Description

_____

_____

_____

Total Amount Requested: $ _____

SA Finances Use Only

(for GC's and EBUX) EB Card#_____

Issued Amount: $_____

Receipt Amount: $_____

AC CB CH KG NM ___

APPROVAL SIGNATURES

_____

Signature President/Treasurer Printed Name Date

_____

SG Comptroller (if applicable) Date

_____

Student Activities Advisor Date

_____

Student Activities Director Date

SA USE ONLY

SON: _____

FA: _____ **Date:** _____

Envelope #: _____

Card Return Date: _____

Tracking #: _____

3. ONLINE/PHONE/FAX ORDERS (Including Hotels and Flights under $500)

Vendor: _____ Web Address: _____ Phone/Fax #: _____

Description*

_____

_____

_____

Order Total: $_____

**** Shopping cart or invoice is required for all orders. All artwork should be emailed to safinances@american.edu.***

4. FUNDS TRANSFER

Invoice needed for all transfers excluding co-sponsorships

JE #

Transfer Funds To: _____

18-Digit Account Number __ __ - ___ ___ ___ ___ ___ ___ - ___ ___ ___ ___ ___ - ___ ___ ___ ___ ___

Detailed Purpose of Transfer

_____

_____

_____

Transfer Amount $_____

5. AVIS CAR RENTAL REQUEST

Pick Up Location: _____ Pick Up Date: _____ Time: _____
Vehicle Type: _____ Return Date: _____ Time: _____

Driver 1: _____ Age: _____
Driver 2: _____ Age: _____
Driver 3: _____ Age: _____

*Estimated/Budgeted Cost: $_____

****Reservation print-out must be attached***

6. SERVICE REQUEST

Bon Appetit Catering $ _____

Mailing Services # _____

Facilities Services $ _____

Description

_____

_____

_____

Please note that mail services are for letters only. All package services should be requested using the Ebux section above for the UPS Store.

FINANCIAL TIMELINES

Student Activities Office Hours:
Monday – Thursday 9am – 6pm & Friday 9am – 5pm

Checks & Purchase Orders Requests: Must be submitted at least 15 business days before date needed.

Card Requests: Must be submitted at least 2-3 business days before desired pick up date.

Online Orders & Avis Rentals: Must be submitted at least 10 business days before date needed.

Service Requests: Must be submitted at least 5 business days before date needed.

Funds Collection Requests: Must be submitted at least 10 business days prior to desired pick up date.

For questions about completing this form, please contact your SA Advisor or email safinances@american.edu