

EXPENSE REQUEST

QUESTIONS?: Email safinances@american.edu

Name: _____

E-mail: _____

Organization: _____

Phone: _____

Account #: 40 - 050510 - - _____ - _____
(object code) (5 digit account number)

Vendor/Payee Information

Name: _____

Address: _____

Phone: _____ Fax: _____

Is Payee an Individual - SSN or AUID Number _____

a Corporation - Federal ID Number _____

Is Payee an employee of American University?

Yes No

Is Payee a US Citizen?

Yes No

W-9 form? On File Attached

Is this Expense Request Form associated with a contract? If yes, attach contract.

Yes No

** Note: Contracts may take up to 21 business days to process.*

Expense Information

Please select one of the following options or speak with your advisor to determine your choice.

Check Request Reimbursement (over \$100)* On-Line Order Equipment / Office Supplies Off-Campus PO

** form & receipts must be submitted within 10 days of expense*

Expense Description (please attach invoice, order forms, on-line printout of shopping cart, and provide event description):

Total Cost of the item(s): \$ _____

Event Date: _____

Date Check / PO needed by: _____

For Check Requests ONLY

Please select delivery method: Send US Mail Hold for pick-up and send e-mail notification

Approval Signatures

signature President/Treasurer/Dept. Head *printed name*

SG Comptroller (if necessary) Date

Student Activities Advisor Date

American University
Student Activities
Explore ~ Dream ~ Discover

Student Activities Use Only

Entered OFAS: _____

AD: _____

Date: _____

Requisition # / Tracking #: _____

KG	AT	CL	00753
AR	KH	LM	08895

Front Desk Received: