



Associated Students, Inc.
 California State University, San Marcos
 San Marcos, CA 92096-0001
 (760)750-4990

ASI Expenditure Request Form

DATE: _____

ASI DEPARTMENT: _____

CHARTFIELD STRING: _____ - 90001 - _____ - _____
ACCOUNT DEPT CLASS

ISSUE A CHECK PAYABLE TO:

NAME: _____

PHONE: _____

ADDRESS: _____

EMAIL: _____

AMOUNT: _____

REASON FOR EXPENDITURE REQUEST:

AUTHORIZATION SIGNATURES

 PURCHASER

 STAFF APPROVAL

White- Accounting Yellow- ASI Staff