



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: \_\_\_\_\_  
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