

FUNDING REQUISITION

Organization: _____ Date: _____ Date Received _____

Organization Contact Person: _____ Phone #: _____

Email: _____

Detailed Explanation for Request: _____

Amount of Request: \$ _____ Payment Required by: _____

Date of Event: _____ Location: _____ Ticket Price: _____

METHOD OF PAYMENT

- Purchase Request – for items over \$500.00 attach purchase request and quote. If quote is over \$2,500, three bids must accompany request.
- Check Request – attach invoice, receipts for reimbursement & credit card statement, single, guest lecturer or musical accompaniment contract.
- Budget Transfer – attach HU Budget Transfer Form or Lackmann Food Service Invoice.
- American Express Card – Return card along with all documentation regarding Amex Purchase.

APPROVALS

OSLA Program Advisor: _____

Fitness Center Advisor: _____

MISPO Program Advisor: _____

SGA Bookkeeper: _____ / / _____

Balance after this expense: _____

SGA Comptroller: _____ / / _____

Appropriated: _____

SGA Advisor: _____ / / _____

Executive Director OSLA : _____

COMMENTS: _____

✓ Approved _____ Denied _____ Modified _____