



**HUSKY FUND**

DATE: \_\_\_\_\_

SELECT REQUEST TYPE:	
REQUEST FOR DEPOSIT:	<input type="checkbox"/>
REQUEST FOR PAYMENT:	<input type="checkbox"/>
REQUEST FOR PURCHASE:	<input type="checkbox"/>



DATE RECEIVED (OFFICE USE)
DATE STAMP HERE

NAME OF ACCOUNT \_\_\_\_\_ ACCT # \_\_\_\_\_

**04 - 1 -**

LINE ITEM EXPENSE / CHARGE DESCRIPTION: \_\_\_\_\_

**REQUISITIONS MUST BE IN THE COMMUNITY ACTIVITIES OFFICE BY TUESDAY AT NOON IN ORDER TO BE CONSIDERED FOR THE CURRENT WEEK'S CHECK RUN, FOR PICK UP AFTER 10:00 AM FRIDAY**

*INCLUDE NAME, ADDRESS, ZIP CODE AND FAX NUMBER OF FIRM.  
IF VALUED AT \$5,000 OR GREATER, BIDS MUST BE ATTACHED.*

**VENDOR / PAYEE:**  
FULL NAME & PERMANENT HOME MAILING ADDRESS

**PO SHIP TO ADDRESS (OTHER THAN THE UNIVERSITY) OR USE FOR ALTERNATE MAILING ADDRESS FOR CHECK REQUESTS**

VENDOR/PAYEE PHONE #: \_\_\_\_\_

VENDOR/PAYEE EMAIL ADDRESS: \_\_\_\_\_

VENDOR/PAYEE FAX #: \_\_\_\_\_

QTY	DETAILED DESCRIPTION	UNIT PRICE	TOTAL AMT

NOTES (EX. WILL PICK UP CHECK, CHECK NEEDED DATE, MAIL FORMS WITH CHECK, ETC.):

GRID FOR DEPOSIT ONLY	
CHECK TOTAL:	
CASH TOTAL:	
COIN TOTAL:	
DEPOSIT TOTAL:	

REQUESTED BY: \_\_\_\_\_

FACULTY ADVISOR/ADMINISTRATOR: \_\_\_\_\_

STUDENT EXEC BOARD SIGNATURE \_\_\_\_\_ PHONE # \_\_\_\_\_

ADVISOR/ADMINISTRATOR SIGNATURE \_\_\_\_\_ PHONE # \_\_\_\_\_

\_\_\_\_\_  
COMPTROLLER

DATE DUE: \_\_\_\_\_  
OFFICE USE

PO # \_\_\_\_\_  
OFFICE USE