Date: 1/1/20	BLOOMSB	URG UNIVERSITY	Date Received (Stamp below):
NOTE: All information in red n prior to turning into CA Office		KY FUND	
Check (x) Appropriate It	em Below:		
Request for Deposit: Request for Payment:	XX Means you are requ	uesting a check be cut	
Request to Purchase:		accurd a chock be car	
•			
Husky Fund Account Name (	Group /Org Name) #1234 (Gr	oup/Org 4 digit account #)	
NAME OF ACCOUNT	ACCT #		
Example: Org Fundraiser			
LINE ITEM EXPENSE / CHARC	E DESCRIPTION:	Please note the sub disbursement in gra	mission time frames for check ay box below:
the second se			SDAY AT NOON IN ORDER TO BE
CONSIDERE	D FOR THE CURRENT WEEK INCLUDE NAME, ADDRESS,		
		D <u>R GREATER</u> , BIDS MUST E	
VENDOR / PAYEE: NAME Jane Doe	- ADDRESS - FAX - PHONE: Note:	SHIP TO ADDRESS (	,
123 East 2nd Street			s only used when requesting
Danville, PA 17821	2		
	2.Must be completed en		
	if picking up the ch		
PHONE # 570-275-1234 (Pref FAX #	erred, not required)	SPECIAL INSTRUCTIONS:	
	mailed unless otherwise noted		
QTY	DETAILED DESCRIPTION O	F TRANSACTION	UNIT PRICE TOTAL AMT
Reimburse for paper goods and bake sale ingredients for Org bake sale FR			
on 12 /25 /20 Dollar Tree \$25.00			12 <u>5</u> . <u>00</u>
Weis \$100.	.00		
	eceipt for Weis and Dollar Tree SED AND THAT IT WAS PAID		ounts as indicated - MUST SHOW
*Note to user: The "no	otes" section can be for more	than <u>p</u> icking u <u>p</u> checks, see	other exam <u>p</u> les of use below
*Note to user: Alwav	s provide the phone number f	or the person completing the	form, obtain your adviser's
	all supporting required prior		
*Note to user: If pa	aving an invoice, please provid	te the invoice number in the	description" as well as what is
	formation and amounts must		description as well as what is
NOTES (ie "will nick un	check" needed by dates ma	il with forms atc.):	Check Total: NOTE: This section
NOTES (ie. "will pick up check", needed by dates, mail with forms, etc.): Will pick up check, or other important processing notes			Cash/Coin Total: <i>is only used for</i>
will pick up check, of	other important processing i	IOLES	Deposit Total: <i>deposit transactions</i>
Requested by:		Faculty Advisor/Ad	dministrator:
Your name (Ex. Dawn Rítte	er) Your Ph # (Ex.)570-389-44		er (Ex. Neil D'Amato Adviser Ph # (Ex. 570-389-446
Signature	Telephone #	Signature	Telephone #
		COMPTROLLER	-
	i		1
DATE DUE:		PO#	

	PO#	
	(office use only)	

(office use)