

# Pre-Approval of Expenditures

This form is required to pay any invoices, bills, quote or reimbursement

Date \_\_\_\_\_

ADVISOR: \_\_\_\_\_ CLUB: \_\_\_\_\_

CHECK PAYABLE TO: \_\_\_\_\_

AMOUNT \$ \_\_\_\_\_ (INVOICE MUST NOT EXCEED THIS AMOUNT)

Purpose for expense:

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Club Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

ASB Treasurer: \_\_\_\_\_ Date: \_\_\_\_\_

Activities Director: \_\_\_\_\_ Date: \_\_\_\_\_

Finance Clerk: \_\_\_\_\_ Date: \_\_\_\_\_