



University of Alaska Anchorage

Union of Students
Account Expenditure Request Form

Person Requesting: _____ Today's Date: _____

Email Address: _____ Phone Number: _____

Event Name: _____ Date of Event: _____

Description of Event: _____

Location of Event: _____

Number of Participants: Students: _____ Faculty/Staff: _____ Community Members: _____

Amount of Payment: _____

Description of Expense/Payment: _____

Payment To: _____ Contact Name: _____

Address: _____ UAA ID#: _____

Email Address: _____ Phone Number: _____

By signing below, I take full responsibility for this purchase. I have attached Meeting Minutes to reflect this Committee's approval and discussions for this expenditure (within ten business days) for USUAA records.

Number of attendees: _____ Number of Votes: Support: _____ Opposed: _____

Chair Signature _____ Email _____ Phone _____

Committee members present signatures (please print name clearly next to your signature):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

FOR OFFICE USE ONLY

Type of Purchase requesting (circle one): PETTY CASH LPO DIRECT PAY JOURNAL VOUCHER PROCARD

Fund: _____ Org: _____ Object: _____ Log Number: _____

Approval Signature: _____ Date: _____

Entered By: _____ Date: _____

Banner Reference: _____