ARIZONA STATE UNIVERSITY

REQUEST FOR ASASU FUNDS

(Shaded Areas For Office Use Only)

AREA	ORG	SUB-ORG	Funding Source (Jumpstart, Athletic Research, Travel etc.)	LOG NUMBER
AF5	1090			

☐ Grant ☐ Award Travel/Confernece Name:

REQUESTOR (PERSON COMPLETING FORM)	DAYTIME PHONE	E-MAIL ADDRESS
ADVISOR'S NAME	DAYTIME PHONE	E-MAIL ADDRESS

HAS VENDOR/INDIVIDUAL BEEN PAID THROUGH ACCOUNTS PAYABLE PREVIOUSLY? ☐ YES ☐ NO IF NO, PLEASE SUBMIT SUBSTITUTE W-9 & VENDOR AUTHORIZATION FORMS

INDVIDIUAL AN ASU STUDENT, FACULTY or STAFF MEMBER? ☐ YES ☐ NO IF YES, PLEASE INDICATE AFFILIATION: ☐ STUDENT ☐ FACULTY ☐ STAFF

ISSUE TO (NAME OF VENDOR OR INDIVIDUAL TO BE REIMBURSED)	INVOICE NO.	FEDERAL TAX I.D. NO. (OR ASU AFFILIATE ID NO.)
ADDRESS	APT / SUITE NO.	CITY, STATE, ZIP
PHONE NUMBER (INCL.AREA CODE)		FAX NUMBER (INCL. AREA CODE)

DESCRIPTION OF PURCHASE (Please describe WHATyou will be purchasing)

JUSTIFICATION/PUBLIC PURPOSE (Please give a brief statement of HOW THESE ITEMS WILL BENEFIT YOUR CLUB/ASU & THE COMMUNITY

TOTAL:

PLEASE ATTACH ANY ORIGINAL RECEIPTS / INVOICES - SUBMIT WITH THE APPROPRIATE FORM/S LISTED BELOW:

- ☐ BUSINESS MEAL FORM (FOOD PURCHASES FOR ANY EDIBLE ITEM)
- ☐ SUBSTITUTE W-9 & VENDOR AUTHORIZATION FORM FOR NEW VENDORS
- ☐ DEPARTMENT PROFESSIONAL SERVICE ORDER (DPSO)
- ☐ INDEPENDENT CONTRACTOR CHECKLIST
- ☐ INDEMENIFICATION FORM
- ☐ TRAVEL AUTHORIZATION FORM (IN-STATE/OUT-OF-STATE & INTERNATIONAL TRAVEL FOR STUDENTS)

For Office Use Only Obj/Sub Obj

HAVE YOU MADE A COPY OF YOUR RECEIPTS/INVOICES?

SIGNATURES

REQUESTOR	TITLE WITHIN CLUB / ORGANIZATION	DATE SUBMITTED
ASASU EXECUTIVE	TITLE	DATE APPROVED
BUSINESS OFFICE	TITLE	DATE APPROVED

For Office Use Only:	Date	Processed by	Total Amount
☐ ADVANTAGE DOC NO.:			$
☐ DIRECT BILL			$
☐ ENTERED IN BUDGET Date:			