

ASSOCIATED STUDENTS, INC.
CALIFORNIA STATE POLYTECHNIC UNIVERSITY, POMONA



Travel Authorization #
TA -

DISBURSEMENT REQUEST
ACCOUNT INFORMATION

DATE: _____ ACCOUNT NUMBER: _____

ACCOUNT NAME: _____

PAYEE INFORMATION / MAKE CHECK PAYABLE TO:

OFFICE USE ONLY:

NAME: _____

DR# _____

Vendor ID _____

ADDRESS: _____
(REQUIRED)

W-9 ON FILE YES NO

FIXED ASSET YES NO

SENSITIVE ASSET YES NO

CITY/STATE/ZIP: _____

CHECK IS TO BE: Mailed
 Picked-up from ASI Financial Services

Signatures Verified by _____

PURPOSE / JUSTIFICATION OF EXPENSE / EVENT INFORMATION

PURPOSE / JUSTIFICATION (**REQUIRED**):

DOES THIS DISBURSEMENT REQUEST INVOLVE TRAVEL? ** YES STUDENT LAND MILES _____
 NO FACULTY/STAFF AIR MILES _____

**CARBON FOOT PRINT WEBSITE: AIR MILES (www.webflyer.com/travelmilemarker) LAND MILES (www.mapquest.com)

ORIGINAL DOCUMENTATION AND DESCRIPTION OF EXPENDITURE
REQUIRED

P.O. #

AMOUNT

BUDGET LINE
 (IF APPLICABLE)

ORIGINAL DOCUMENTATION AND DESCRIPTION OF EXPENDITURE REQUIRED	P.O. #	AMOUNT	BUDGET LINE (IF APPLICABLE)

* USE TAX

TOTAL

ACCT (2186)

*Use only if the vendor does not charge sales tax on taxable items

I certify that the items(s) above has/have been received and or services(s) has/have been performed to the satisfaction required.

Print Name	Signature of Preparer (Authorized Signer)	Date	Email and Phone
Print Name	Signature of Advisor/Dept Head (Authorized Signer)	Date	Approver's Title
Print Name	Signature of Associate Executive Director (if applicable)	Date	
Print Name	Signature of Executive Director (if applicable)	Date	