

# Associated Students, Inc. of Sonoma State University

## Club Account Expenditure Voucher

Check Payee:

Date:

Address:

Club Account Number:

City/State/Zip:

Club Name:

Local Phone:

E-mail:

Total amount of  
check:

Write out amount:

**Detailed**  
explanation of  
expenditure  
plus any sales  
tax incurred:

### Authorized Club Signatures (please print and sign)

Signature:

Signature:

Name:

Name:

Title:

Title:

Phone:

Phone:

#### For all checks:

(Check one)

-204 Form

-Current address of payee

Mail

-Authorized Club Signers

-Detailed description of expenditure

Pick-up

#### For Reimbursement:

-Original Receipts

-Proof of Payment (copy of card used/bank  
statement)

-Proof of event/Item (copy of minutes, photo,  
screenshot of Facebook event, etc.)

#### For Invoice to be Paid:

-Original Invoice (must match check payee info)

-Proof of Event (copy of minutes, photo,  
screenshot of Facebook event, etc.)

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### FOR OFFICE USE ONLY

Signatures verified by: \_\_\_\_\_ Account balance verified by: \_\_\_\_\_

Backup verified by: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Follows Univ. Travel & Hospitality Policy \_\_\_\_\_ Date: \_\_\_\_\_

Mailed/ Pick Up By: \_\_\_\_\_ Date: \_\_\_\_\_

Check Number: \_\_\_\_\_

Check Date: \_\_\_\_\_

Voucher Number: \_\_\_\_\_

Vendor Number: \_\_\_\_\_

Processed by: \_\_\_\_\_