

KENT STATE UNIVERSITY COLUMBIANA COUNTY

STUDENT CLUB FINANCIAL TRANSACTION FORM

Club Name _____ Purchase Date _____

Contact Person _____

E-mail _____

ITEMS/SERVICES PURCHASED

(Include Store Name & Reason for Purchase)

Total of all items purchased

COST OF ITEM

HOW WAS PURCHASE MADE

_____ Request for personal reimbursement (Club Member) (\$100.00 maximum)

Amount to be reimbursed

Name of person to be reimbursed

Banner ID Number

Address

_____ Request for Invoice/Payment

Amount to be reimbursed

Vendor Name

Address

WITHDRAWN FROM THE ACCOUNT OF

_____ Allocated \$ _____

_____ Raised Funds \$ _____

CLUB OFFICER AUTHORIZATION

TITLE

ADVISOR AUTHORIZATION

