



ASSOCIATED STUDENTS UNIVERSITY OF SAN DIEGO

Associated Students Card Request

Name: _____

Email: _____ Cell Phone #: _____

Club Name: _____

Event Name: _____

Event Date: _____ Today's Date: _____

Estimated Attendance (if applicable): _____

Vendor Name: _____

Description of Items Purchased:

Business Purpose:

Source of Funds:

ASBC _____ Club Account _____ AS/TPB _____ AS Academic Grant _____

Project	Organization	Expenditure	Task	Source	Amount
Example: CLUB00000	Agency Funds	Misc.	A8711.00	A8711	\$50.00

Whose card are you using? DJ _____ Daye _____ Jen _____ Josh _____
Madeline _____ Manda _____ Other _____

Please submit all ORIGINAL ITEMIZED RECEIPTS to this Madeline Kreig in SLP 308. Failure to submit all original receipts will result in a loss of privilege to use card. If you use the card to purchase food for a meeting, please attach an attendance sheet to this form. Thank you.

I acknowledge by signing this form that I am assuming responsibility of the card and I am aware that any additional charges made for personal use will be charged to my student account.

Signature: _____

****Please return form to Madeline Kreig in SLP 308****

FOR QUESTIONS OR CONCERNS PLEASE CONTACT THE FINANCE CHAIR
ASFINANCE@SANDIEGO.EDU