



EXPENDITURE REQUEST FORM

Department of Campus Life • FIU University Park • GC 2240 • 305- 348-21387 • FAX 305-348-3823

FORM MUST BE PROCESSED SIX (6) WEEKS PRIOR TO PROGRAM/EVENT

Performer's Resume, Vita, or Biography Must Accompany "Expenditure Request Form".

PLEASE PRINT

Your Name: _____ Email: _____

Phone #: (H) _____ (W) _____ (Cell) _____

Club/Organization: _____ Event (Specific Program): _____

DESCRIPTION OF REQUEST

Performer's Professional Stage Name/Name of Act: _____

Performer's Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: (H) _____ (W) _____ (Cell) _____

Performance Date: _____ Time: _____ Place: _____

Nature of Request: _____

Special Equipment Needs: _____

Are You Now or Have Ever Been Part of FIU Payroll System? Yes No

PAYMENT INFORMATION

Performer's/Vendor's Official Name: _____

Make Check Payable to (NAME MUST MATCH SS #/FED ID #): _____

SS# FED ID #: _____ Payment: \$ _____ Mail Pick Up

REQUEST FOR: (Check Whichever Applies)

Contract Pre-Payment (Date of Event) Payment After Services Rendered Deposit (University Invoice)

Funding Club/Organization Name: _____

Account #: _____

Authorized Signatures:

Advisor-Print Signature/Date Phone #

Club/Organization Chairperson-Print Signature/Date Phone #