

**Community College of Philadelphia
Office of Student Life
Clubs and Organizations
Expenditure Request Form**

Today's Date

Name of Club/Organization

Telephone Number

Account Number

Type of Activity: _____
(Example: Catering, equipment rental, postage, reimbursement, transportation, lecture, misc. supplies)

Purpose of Activity: (Please explain in detail the purpose of this activity).

Location of Proposed activity: _____ **Date:** _____ **Start Time:** _____ **End Time:** _____

Cost of Activity: (Please Note – all purchases/expenses must be approved by the Director of Student Life beforehand. You also need the signatures of both your Organization's President and Advisor).

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Please complete this section if you are requesting payment for a person organization which will be performing a special service for your club/organization's event. In addition, all background information relating to this person or organization must be submitted along with this Expenditure Request Form. Background information must include biographical information, i.e. resume, advertising flyers, news articles etc.)

PLEASE PRINT

Name: _____ **Students J #** _____ **Outside Vendors SS#** _____

Address: _____ **Telephone #** _____
 Street City State Zip Code

Club/Organization President _____
Date

Club/Organization Advisor _____
Date

Office Use Only:
____ Approved ____ Not Approved _____
Director of Student Life Signature

Explanation: _____
