

STUDENT ACTIVITY FUND TRANSACTION

(This form **must be submitted 2 weeks prior to date** needed for CT State Processing – No purchases will take place without SGA Treasurer & Student Activities Director Approval)

			APPROVED MED	ETING MINUTE	S ATTACHED:	
FROM THE OFFICE O	F STUDENT ACTIVITI		(CLUB/SGA)	(Date of		
			(CLUB/SGA)	(Date of	illilitutes)	
om:		Sugge	ested Vendor			
(Club/Organization)		Address				
·;		Addre	ess ————			
(Specify Pro	City, State, Zip Telephone/Email:					
Club Authorizations:						
			Banner ID:			
		Conta	ict Name:			
(Club/Organization Officer)	(Date)	□ wo (nlooded by youden) b	attps://www.ct.edu	/finance	
				_	or Student Activities)	
(Faculty Advisor)	(Date)		Date Items are needed:			
		Quantity	Unit Price	Total Price		
	tem & Description		Quality		1000111100	
				TOTAL COST:	:	
			☐ PCARD HOLDER:			
			Student	Activities Ass	signed #:	
Attach a quote, create/print a c	1					
vary for online purchases (ex. BJ's & Amazon) KBlake@nv.edu			Petty Cash Name:			
STUDENT ACTIVITIE	ES OFFICE USE ONLY	7				
Date Received	SGA Entered	Sent for Payme	ent:	_ Processed E	Ву:	
Authorization						
SGA Treasurer Activities Dire			rector Date			
Cost Center: <u>Student Ac</u>	ctivities Codes Aut	horized:				
<u> </u>			NV Fiscal Officer	Date	e	
			,			
INDEX FUN		.cct Prog	,	Amount	e CT STATE PO #:	