CLUB PAYMENT REQUEST FORM

asi CAL POLY

Date Generated: _____

☐ Issue CHECK ☐ Issue PURCHASE ORDER ☐ Transfer (Between clubs only)

(Break out shipping and sales tax in the description area)

CHOOSE ONE:

☐ **MAIL** ☐ With Attached ☐ **FAX** Purchase Order to: _____

☐ **CAMPUS MAIL** ☐ With Attached ☐ With Attached

☐ **HOLD WITH CLUB SERVICES** Attn: _____

Payee Name: _____ Payee CP Email: _____@calpoly.edu

Payee Street Address: _____ Payee Phone #: _____

City: _____ State: _____ Zip Code: _____

For services or scholarships, attach W-9 & copy of contract for new vendor: Amount $: **$0.00**

☐ **IRS Form W-9 Attached** ☐ **Copy of Contract Attached** Invoice #: _____

CLUB NAME: _____ ACCOUNT NUMBER: _____

☐ YES ☐ NO **My club has been approved for ASI Club Sponsorship for the current fiscal year.**

☐ YES ☐ NO **Use ASI Club Sponsorship to pay for the following expenses.** **See ASI Club Funding Procedures for qualifying expenses.**

☐ YES ☐ NO **The Cal Poly name, logos, marks, and/or symbols were used on the items listed below.**

QTY	DESCRIPTION (Break out shipping and sales tax for all Purchase Orders)	UNIT PRICE	ITEM TOTAL	ACCOUNTING USE ONLY
			$ -	
			$ -	
			$ -	
			$ -	
			$ -	
			$ -	
			$ -	
			$ -	
			$ -	
			$ -	
		TOTAL	**$0.00**	

IMPORTANT REMINDERS:

Signatures: All PRFs must be signed by an officer and advisor that is listed on the current Charter on file with ASI Club Services. In addition, the officer signature must be different than the payee. Any signatures that cannot be verified with the Charter will be returned to the club, resulting in processing delays. **Back-up Documentation:** Original, itemized receipts/invoices are required **for all** reimbursements/payments; copies will not be accepted, no exceptions. ASI Club Services cannot, under any circumstances, reimburse for lost receipts/invoices. Explanation of all short pays and unreimbursable items must be included. If you are paying a vendor, please indicate if the product/service has been received. Please see the Club Handbook for a more inclusive overview of proper PRF back-up.
Payment for Services: PRFS for service providers must be accompanied by a completed W-9 tax form. Contact ASI Club Services to determine if a W-9 is needed.
Sales and Use Tax: All tax requirements will be applied as appropriate. If this is a P.O., please be sure to break out shipping and sales tax in the description area.

Officer Signature: _____ Print Name: _____ Phone: _____ Date: _____

****I verify that club funds will not be used to purchase alcohol or to reimburse for alcohol expenses****

Advisor Signature: _____ Print Name: _____ Phone: _____ Date: _____

FOR OFFICE USE ONLY:

Club Balance: _____ CF: ☐ Yes ☐ No CF Balance: _____ CF#: _____

CSA Signature: _____ Date: _____ SL&L Director: _____ Date: _____