



- Purchase Order
- Disbursement Request

*Student Activities Business Services
Student Organizations Fund*

GSS #140	PO#:	Date:
Payee Name:		
Company Name(if different):	Ship to:	SABS Initials: (Authorization)
KFS#:	Graduate Student Senate	<i>Kimberly Meanix Miller (860) 486-4260</i>
Contact Name:	Student Union, Room 213	Check One: <input type="checkbox"/> Advance
Contact Phone:	2110 Hillside Rd, U-3061	<input type="checkbox"/> Reimbursement
Contact Email:	Storrs, CT 06269-3008	<input type="checkbox"/> Transfer
	(860) 486-3907	<input type="checkbox"/> Payment
Quote Date:	Quote#:	Delivery Date:

Exp. Code	Item #	Description	Quantity	Unit Price	Line Total
Total					

<p><u>Organizational Approval</u></p> <p>The expenses described above are approved for payment. Two (2) authorized signatures are required. Signatures will be verified against the Accounting Contract/Signature Sheet.</p> <p>Signature: _____ Date: _____</p> <p>Signature: _____ Date: _____</p>	<p>SABS Office Use Only Date: _____</p> <p>Transaction Type: <input type="checkbox"/> Check # _____</p> <p><input type="checkbox"/> Transfer <input type="checkbox"/> Small Dollar Reimbursement</p> <p>Reviewed by: _____</p> <p>Processed by: _____ Verified by: _____</p>
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