



WESTERN
ILLINOIS
UNIVERSITY

Approval Request for Anticipated Expenditures

Date: _____

Organization Name: _____

Account #: _____

Request:

Name of Event(s): _____

Date of Event: _____

Vendor(s): _____

Number of Unit(s): _____ Return Campus Address: _____

Price/Unit: _____ Please mark if using P-Card: _____ Please mark if using generated income:

Total Price: _____

***Please Note:** If total price is under \$200, please allow up to 10 business days to process

If total price is over \$200, please allow up to 15 business days to process

Fiscal Agent Name: _____ Fiscal Agent Signature: _____

President Name: _____ President Signature: _____

Treasurer Name: _____ Treasurer Signature: _____

***Please Note:** Once this form is completed with the appropriate signatures above, please print, attach any supporting documents, and deliver to the Office of Student Activities located on the first floor of the University Union

A D Rodrigo Estrada, Organization Finance Officer Date: _____

A D Michelle Janisz, Director of Student Activities
(Proxy for Vice President Signatures for all items under \$200) Date: _____

A D John Biernbaum, Associate Vice President for Student Services Date: _____

A D Dr. Ron Williams, Vice President for Student Services Date: _____