Arisia, Inc. Expenditure form (Rev 11/16)

Read the entire form before filling in any part.

This area for office use only:

Account:_____ Date Ent:_____ Bill Pay ___

Check #: _____ Credit Card__ Debit Card __ EFT ___

Purchases made for Arisia, Inc. are not subject to Mass sales tax. Mass State Sales Tax

Exemption Number: 04-031143

Today's Date:_____ Expense Date: _____ Your Name: _____

Why are you filling out this form (check one): request a check___ authorize payment of an invoice (bill)___ clear a cash advance (individual):___ clear a cash deposit (vendor):___ other (specify): _____

Is this a Corporate ___ or a Convention ___ outlay? Check here if for item used more than one year:___

How does this affect the books: Expense___, Cash Advance___, Security Deposit (refundable) ___, Cash Deposit in advance of actual expense___, Other (specify): _____

If this is a deposit, when will the funds be returned or applied to a bill?_____

Disbursement authority (check one): Convention Budget___, Corporate Budget___, Corporate Vote___, Eboard Vote___, Officer Discretionary Authority___, Fund _____

Person to be paid: Purchaser___ Vendor___ Vendor/Payee Invoice/Account #:_____

Recipient Name:_____ Phone #:_____

Address: _____

_____

City _____State_____ Zip_____

Detailed List of Expenses:

Vendor or Source	Item	Dept/Account	Qty.	Cost

Check here if continued on back __ Total Cost: $_____

If payment is to the purchaser, receipt(s) must be included with this form. If payment is to a vendor, an invoice must be attached. If receipts cannot be supplied, a memo detailing the reason must be approved by the corporate treasurer.

Approval (Dept Head/Convention/Corporate Officer):

Name:_____ Signature:_____

Treasurer's Approval (Signature): _____ Date: _____

Nothing in this form shall be considered a guarantee of payment. **The Treasurer reserves the right to refuse incorrect, incomplete or illegible forms.**