

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.**