

TEAR OFF PERFORATION AND DETACH PINK COPY FOR YOUR RECORDS BEFORE ATTACHING DOCUMENTATIONS

Associated Students UCLA
It all comes back to you

Student Government Accounting
308 Westwood Plaza
332 Kerckhoff Hall
Los Angeles, CA 90024-1640

GENERAL REQUISITION AND PAYMENT ORDER

(This is not a Purchase Order. Do not forward to vendor.)

REQUISITION NUMBER
G 367959

****Please fill out completely and legibly****

THIS IS NOT A PURCHASE ORDER NUMBER

SGA cannot contact you - For processing status, budget reports and information on how to complete this form, go to: usac.ucla.edu or gsa.asucla.ucla.edu
STAPLE all documentations BEHIND this form - Do not use paperclips, tape or enclose in envelope. SGA cannot be responsible for lost documents.

1. Date	2. Payee's Name	3. Vendor #	5. P.O. #
Prepared By	c/o, Department or Attention		4. Student Group/Dept. Name
Cell	Street Address		4-Digit Group/Dept. Number:
E-mail	City State Zip Campus Mail Code		(Enter Full 21-digit account number in section 14)
	UID Phone	Fax	

Box 4: Write the name of your student group EXACTLY how it's listed with the SOLE office

Your 4-digit Dept # is found within your 21-digit account number (Box 14)

For all Honorarium payments please attach the federal W-9 form (or W-8BEN if payee is a foreign person), along with:
1) ASUCLA Performance Agreement for payments under \$2,000, or
2) ASUCLA Contract for payments \$2,000 and above.

5. ACTION TO BE TAKEN - CHECK ONE

PURCHASE ORDER (PO) PAYMENT OF INVOICE (Please attach the original)

REIMBURSEMENT CHECK

CASH ADVANCE CHECK HONORARIUM PAYMENT

6. NATURE OF EXPENDITURE - CHECK ALL THAT APPLY

SUPPLIES FACILITIES/VENUE TRAVEL

PUBLICITY/GRAPHICS EVENT REGISTRATION VEHICLE RENTAL

FOOD/BEVERAGE HOUSING/LODGING PARKING

7. PAYMENT DELIVERY OPTIONS

MAIL TO THE ADDRESS SHOWN ABOVE
(Not available for Cash Advances)

PURCHASE ORDER PICK-UP

CHECK PICK-UP

CHECK TO BE PICKED UP BY: _____

COMPLETE NAME _____

E-MAIL: _____

CELL: _____

RENDER GOODS OR SERVICES DESCRIBED BELOW TO BEARER IN AMOUNT NOT TO EXCEED THAT WHICH IS SHOWN.

QUANTITY	PROVIDE A COMPLETE DESCRIPTION OF GOODS OR SERVICES	UNIT PRICE	TOTAL
8.	9.	10.	

Detail your expenses. Write the type of item/food/services. Do NOT just say, for ex., "Food" or "Advertising." This is not descriptive enough.

13. EVENT NAME: _____ DATE(S): _____

LOCATION: _____ START/END TIME: _____

TOTAL AMOUNT PER ATTACHMENTS	11.
REQUISITION TOTAL NOT TO EXCEED	12.

14. ENTER YOUR 21-DIGIT ACCOUNT NUMBER

1)	ENTITY	FUND	DIVISION	DEPARTMENT	GL	EVENT
2)						
3)						
4)						

15. AMOUNT(S) TO CHARGE

\$	
\$	
\$	
\$	

Important!

SECTION 12 MUST EQUAL THE SUM OF SECTION 15 "AMOUNT(S) TO CHARGE."

Your 21-digit account number is in your award email

A member of your group who is listed as a signatory with the SOLE office must sign as "Project Director." This is the ONLY signature you need to have.

TO SIGNATURES

USA APPROVALS	GSA APPROVALS
STUDENT GROUP REP.	COUNCIL REP.
COMMISSIONER	COUNCIL REP.
FUND DIRECTOR	PROJECT DIRECTOR

ASUCLA STUDENT GOVERNMENT ACCOUNTING OFFICIAL USE ONLY

Ordered By: _____ Confirmation # _____ Session ID _____

Once EVERYTHING is filled out, you will leave the Requisition Form in the GSA Discretionary Funding Director's mailbox, box #25 outside the GSA Office, Kerckhoff 316. They will get the remaining signatures.