

<p><u>MINIFUND</u></p> <p><u>Student Initiated Access Committee</u></p> <p><u>Order Request Form</u></p> <p>PLEASE PRINT LEGIBLY</p>	<p>Funding Source (Please Check one)</p> <p><input type="radio"/> FALL</p> <p><input type="radio"/> WINTER</p> <p><input type="radio"/> SPRING</p> <p><input type="radio"/> YIELD/ HS CONF.</p>
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ORGANIZATION: _____
(NAME OF GROUP)

PROGRAM/EVENT NAME: _____

NAME: _____
(NAME OF PERSON COMPLETING THIS FORM)

EMAIL: _____ **PHONE NUMBER:** _____
(CONTACT INFORMATION OF PERSON COMPLETING FORM)

BUDGET LINE ITEM TO BE CHARGED: _____
(E.G. ADVERTISING, PRINTING, TRANSPORTATION)

DESCRIPTION OF GOODS OR SERVICES:
*Please describe the event, (who, what, where, and why?) If goods are for food/beverages, please provide a list of attendees. **ALWAYS INCLUDE ORIGINAL ITEMIZED RECEIPTS.** If it's for a reimbursement, please fill out the PAYEE section below and include bank statement if goods were purchased with a card. For mileage reimbursement please provide locations where you traveled.*

GRAND TOTAL: \$ _____

PAYEE (vendor/person to be paid) _____

HOME ADDRESS _____

CITY/STATE/ZIP CODE _____

PHONE NUMBER _____

CONTACT PERSON _____

COMPLETE THE FOLLOWING FOR PAYMENT:

SOCIAL SECURITY # _____
(For payment to individual)

Federal Tax ID# _____
(For payment to Business)

UC EMPLOYEE? YES ___ **NO** ___ **UID#** _____

CALIFORNIA RESIDENT? YES ___ **NO** ___

US CITIZEN? YES ___ **NO** ___

E-MAIL

*****FOR MILEAGE OR FOOD/BEVERAGES REIMBURSEMENT PLEASE PUT DOWN YOUR UCLA E-MAIL IF YOU ARE A STUDENT EMPLOYEE**

APPROVALS:

I CERTIFY THAT I AM AUTHORIZED TO APPROVE EXPENDITURES FOR THIS PROGRAM.

CONTACT PERSON SIGNATURE

DATE _____ EMAIL ADDRESS/PHONE _____

SIAC CHAIR/MINI FUND CHAIR SIGNATURE

SIAC ADVISOR SIGNATURE

DATE _____

-FOR OFFICE USE ONLY-

ACCOUNT # _____ SUB/OBJECT _____ / _____ PROJECT/SOURCE _____

VENDOR # _____ INVOICE# _____ RECHARGE ID# _____

PAC ORDER#3731 _____ PAC ORDER#3731 _____

DATE PREPARED: _____ PREPARER _____ DATE ENTERED _____ Entered By: _____