

**STUDENT ACTIVITY FUND TRANSACTION**

(This form **must be submitted 2 weeks prior to date** needed for CT State Processing – No purchases will take place without SGA Treasurer & Student Activities Director Approval)

FROM THE OFFICE OF STUDENT ACTIVITIES

☐ **APPROVED MEETING MINUTES ATTACHED:**

(CLUB/SGA)

(Date of minutes)

From: _____
(Club/Organization)

Suggested Vendor _____

Address _____

For: _____
(Specify Program/Event)

City, State, Zip _____

Club Authorizations:

Telephone/Email: _____

Banner ID: _____

Contact Name: _____

(Club/Organization Officer) (Date)

☐ **W9** (uploaded by vendor) <https://www.ct.edu/finance>

(No W9's are allowed to be sent to club or Student Activities)

(Faculty Advisor) (Date)

Date of Event: _____ Date Items are needed: _____

Item & Description	Quantity	Unit Price	Total Price
		TOTAL COST:	
Attach a quote, create/print a cart & email to Student Activities Director. Prices vary for online purchases (ex. BJ's & Amazon) KBlake@nv.edu		☐ PCARD HOLDER: _____	
		☐ Student Activities Assigned #: _____	
		☐ Petty Cash Name: _____	

STUDENT ACTIVITIES OFFICE USE ONLY

Date Received _____ SGA Entered _____ Sent for Payment: _____ Processed By: _____

Authorization _____
SGA Treasurer Activities Director Date

Cost Center: Student Activities Codes

Authorized: _____
NV Fiscal Officer Date

INDEX	FUND	ORGN	Acct	Program	Amount

CT STATE PO #:
