|  |  |
| --- | --- |
| **Organization:(ie NOWS etc)** |  |
| Date of Expense: |  |
| Person Requesting: |  |
| Department & School: |  |
| Dept. Address or Box #: |  |
| Contact Person & Telephone: |  |
| Account to be Debited: |  |
| Amount Requested: |  |
| Reason & Purpose of Expense: |  |
| Detailed list of items to be purchased:  **Indicate if items purchased differ from those approved previously.** |  |
| Place (if applicable): |  |
| Persons Attending: | If applicable, include a list of students attending relevant event. |
| Reimbursement Payable to: |  |

***IPSA Pre-Approved Reimbursement Request***

***\*\*\*\*2 copies of purchase receipt must be submitted with request, and an additional copy should be kept on file by requesting organization!***

Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Program Faculty Advisor

Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of IPSA Treasurer \*

\*Approval by IPSA Treasurer ensures that proposed expenditures have been reviewed and found to adhere to the scope and donor intent associated with this account.

Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of CIPECP Director

Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Vice President for Academic Affairs\*  
\*Approval by Vice President for Academic Affirs only extends to those expenditures included and approved on IPSA Expenditure Pre-Approval Request Form.