***IPSA Expenditure Pre-Approval Request***

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| --- | --- |
| **Organization: (ie NOWS, etc)** |  |
| Event Title: |  |
| Event Date: |  |
| Event Location: |  |
| Person Requesting (include email and phone number): |  |
| Department/School: |  |
| Amount Requested: |  |
| Items to be purchased (with prices)\*:  \*Items listed must adhere to the scope and donor intent associated with this account. See list of grant-approved purchases. |  |
| Estimated Attendance: |  |

**Date Submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*\* You must submit copies of all relevant itemized receipts with the “IPSA Reimbursement Request” form. Failure to do so will result in denied reimbursement.**

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 the Vice President for Academic Affairs only extends to those expenditures included and approved on IPSA Expenditure Pre-Approval Request Form. Any deviations from pre-approval requests make the subsequent expenditure reimbursement request subject to rejection.