

# IPSA Expenditure Pre-Approval Request

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

<b>Organization: (ie NOWS, etc)</b>	
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:	

**\*\*\* 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 Chancellor for Academic Affairs\*

\*Approval by the Vice Chancellor 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.

Account to be debited: \_\_\_\_\_ Reference Number: \_\_\_\_\_