



## Expense Authorization Multiple Request Form

(For amounts in excess of \$5,000.00)

Date of Request: \_\_\_\_\_

Name of Requestor: \_\_\_\_\_ Unit: \_\_\_\_\_ Phone: \_\_\_\_\_

Title: \_\_\_\_\_

Project Name (if applicable): \_\_\_\_\_


Total Amount Requested: \_\_\_\_\_ Date Needed: \_\_\_\_\_

Item #1      Amount: \_\_\_\_\_  
                   Description: \_\_\_\_\_

Item #2      Amount: \_\_\_\_\_  
                   Description: \_\_\_\_\_

Item #3      Amount: \_\_\_\_\_  
                   Description: \_\_\_\_\_

Justification:    *(Explanation of how request is vital to supporting day-to-day operations of CSUCI core business.)*

Signatures Required: *(Please use  button to apply your signature.)*

	Signature:	Date:
	Signature:	Date:
Provost: Mitch Avila	Signature:	Date:
Cabinet Approved:		Date: