



Division Of
**ACADEMIC
AFFAIRS**

C H A N N E L
I S L A N D S

Expense Authorization Single 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: _____

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.)*

Unit Manager:	Signature:	Date:
	Signature:	Date:
Provost: Mitch Avila	Signature:	Date:
President: Richard Yao	Signature:	Date: