

# Valparaiso University

## STUDENT SENATE

Student Union Building, Valparaiso, IN 46383 (219) 464-5524

### Encumbrance Requisition

I request authorization for the encumbrance of my account balance as stipulated by the below information. The Constitution and By-Laws of the Student Senate of Valparaiso University provide that the maker of this liability shall be held personally responsible for any expenses in excess of his or her budget due to neglect or failure to file proper encumbrance requisitions.

Organization (check one):

- |  |  |                                      |
|--|--|--------------------------------------|
| <input type="checkbox"/> Beacon        | <input type="checkbox"/> Senior Planning Council | <input type="checkbox"/> VISA        |
| <input type="checkbox"/> BSO           | <input type="checkbox"/> Student Senate          | <input type="checkbox"/> VUCAB       |
| <input type="checkbox"/> Honor Council | <input type="checkbox"/> Torch                   | <input type="checkbox"/> WVUR        |
| <input type="checkbox"/> Lighter       | <input type="checkbox"/> Union Board             | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> LIVE          | <input type="checkbox"/> VAULT                   |                                      |

Select one:

AMOUNT: \$ \_\_\_\_\_

- Check payable to: \_\_\_\_\_  
OR  
 Purchase Order to: \_\_\_\_\_  
OR  
 Transfer to account number: \_\_\_\_\_

Description of Expenditure (be specific and include the line item of budge from which to deduct)

\_\_\_\_\_  
\_\_\_\_\_

Authorized by: \_\_\_\_\_ Signature: \_\_\_\_\_

Organization Advisor Signature: \_\_\_\_\_

Date Submitted: \_\_\_\_\_ Date Needed: \_\_\_\_\_ Contact Afternoon: \_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_

#### SENATE USE ONLY

Check Number: \_\_\_\_\_ Treasurer's Signature: \_\_\_\_\_

Account Number: \_\_\_\_\_ Date: \_\_\_\_\_