USG 100W Request

About You:
Today’s Date: ___________ Date Disbursement Needed: ___________

Requestor: ___________________________ Phone: ___________________________

Email: ________________________________

Preliminary Information:
Reason for Request:

Requested Amount: $ ___________ Budget Line Item: ______________

OSU Dept Info:
OSU Dept: _____________________________
Address: ______________________________
Fax: _______________ Tele: _______________

Total Amount Requested: ___________

PLEASE ATTACH A QUOTE.

Supplementary Information:
Did you attach a quote? __________

I, the undersigned Cabinet Director, Senator or Executive, certify that the above information is accurate and complete.

Director or Senator Signature: ___________________________

Director or Senator Name: _____________________________

(For Office Use Only!)

Quote attached: __________

1. Approved by Treasurer: __________ __________
2. Accounted for: ______________ ______________
3. Approved by Advisor: __________ __________
4. 100W Issued: ______________ ______________
5. 100W Sent: ______________ ______________