

**MEMORANDUM**

To: Accounts Payable - MD 8202

From: Cheri Aguayo, AAS

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

Subject: Reimbursement for Senior Television Project

**AMOUNT AWARDED:** \$ \_\_\_\_\_ Project Title: \_\_\_\_\_

\_\_\_\_\_

*Forward payment to (PRINT clearly):*

Name: \_\_\_\_\_ CSUN ID # \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone Number: \_\_\_\_\_

***The information below will be completed by the CTVA Department personnel.***

The funding strip for all expenses is:

Fund	Dept ID	Program/Project	Requisition Number
46301	10097	1457	

1. **Account:** \_\_\_\_\_ Total receipts charged to this account: \$ \_\_\_\_\_

List receipt amounts: \_\_\_\_\_

2. **Account:** \_\_\_\_\_ Total receipts charged to this account: \$ \_\_\_\_\_

List receipt amounts: \_\_\_\_\_

3. **Account:** \_\_\_\_\_ Total receipts charged to this account: \$ \_\_\_\_\_

List receipt amounts: \_\_\_\_\_

➤ **Authorized CTVA Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

➤ **CAMC MAR Approval:** \_\_\_\_\_ Date: \_\_\_\_\_