

Student Organization Expense Request Form

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Club Name: _____ Date Generated: _____

Submitted by: _____ Account Number: _____

Email Address: _____ Phone Number: _____

Event Name: _____ Amount Requested: \$ _____

Purpose: _____

Expense is:

Internal Requisition

Reimbursement

Internal Billing Requisition (for FMS)

Purchase Order

Payable to (Full Name): _____

**Check will be mailed to you at this address- leave blank for USC departments (IRs)*

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: _____ Student ID: _____

Attachments (List all attachments in this request including *itemized* receipts, travel or non-travel expense forms):

Special Instructions:

***Business Use Only:**

Internal Req or eDoc # _____ Date _____ Amount _____

Scanned/Saved Date _____ Initial _____

University of Southern California

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