Recognized Student Organization Expense Request Form

Organization Name: _________________________________ Date Generated: ______________________

Submitted by: _________________________________ Email Address: _________________________________

Purpose & Event Name: _________________________________

All expenses must be approved by the organization’s president and treasurer as listed in EngageSC.

RSO President’s Printed Name _________________________________ RSO President’s Signed Name _________________________________ Date _________________________________

RSO Treasurer’s Printed Name _________________________________ RSO Treasurer’s Signed Name _________________________________ Date _________________________________

Expense is:

☐ Internal Requisition
☐ Internal Billing Requisition (for FMS)
☐ Reimbursement
☐ Purchase Order

Payable to (Full Name): _________________________________ Amount: $ _________________

*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:

Account Number _________________________________

Internal Req or eDoc # _________________________________ Date _________________ Amount _________________

☐ Scanned/Saved Date _________________ Initial _________________