

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

☐ Reimbursement

☐ Internal Billing Requisition (for FMS)

☐ 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 # \_\_\_\_\_

☐ Scanned/Saved

Date \_\_\_\_\_

Date \_\_\_\_\_

Amount \_\_\_\_\_

Initial \_\_\_\_\_

