

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 # _____

Scanned/Saved

Date _____

Date _____

Amount _____

Initial _____

