**RSO Financial Services**

**OFFICE USE ONLY**

Date Received:

Account Number:

**Independent RSO Request for Payment**

**Name of Organization:**

**Contact: Email: Phone:**

**Receipt/Invoice Information**

**Per University policy, sales tax must be paid but will NOT be reimbursed.**

**All reimbursements/payments will be via direct deposit to the RSO bank account.**

 **Event/Travel Receipt/ Vendor/Store & Description of Purchase/Purpose Amount $**

**Event/Travel Title Date Invoice Date Line Item (ie: Food, Supplies, Decorations, Napkins, Etc.) (WITHOUT TAX)**

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**Only original, itemized receipts/invoices will be accepted. Total $** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Receipts/invoices must be signed by RSO fiscal agent (advisor). \*For additional lines, use back of page. 🡪**

**Approval**

Print Name of Person Submitting Request for Payment Signature & Date Phone

Print Name of Fiscal Agent / Advisor Signature & Date Phone

**Fiscal Agent / Advisor must sign both the receipt/invoice and the request for payment form.**

**Receipt/Invoice Information – Additional Space**

 **Event/Travel Receipt/ Vendor/Store & Description of Purchase/Purpose Amount $**

**Event/Travel Title Date Invoice Date Line Item (ie: Food, Supplies, Decorations, Napkins, Etc.) (WITHOUT TAX)**

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