**RSO Financial Services**

**Academic Department Sponsored RSO Request for Payment**

**Name of Organization:**

**Contact: Email: Phone:**

**Date of Event/Travel:**

**Vendor / Payee Information – IMPORTANT TO WRITE CLEARLY!**

**Per University policy, all reimbursement checks must be mailed.**

**Make check payable to:**

Name: Email: Phone:

Address:

 Apt #

City: State: Zip:

**Receipt Information**

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

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

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

**Receipts/invoices must be signed by RSO fiscal agent (advisor).**

**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 and the request for payment form.**

**OFFICE USE ONLY**

Date Received: By:

Account Number:

**Receipt/Invoice Information – Additional Space**

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

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

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**Only original, itemized receipts/invoices will be accepted.**

**Receipts/invoices must be signed by RSO fiscal agent (advisor).**