

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

Event/Travel Title	Receipt/ Invoice Date	Line Item	Vendor/Store & Description of Purchase/Purpose (ie: Food, Supplies, Decorations, Napkins, Etc.)	Amount \$ (WITHOUT TAX)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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: _____

