

RSO REIMBURSEMENT PURCHASE REQUEST FORM (OVER \$100.00)

Please understand that all reimbursements are paid by check and can take 6 to 10 weeks to process

Office of Student Engagement
Student Center Rm 318 MC 4425
Carbondale, IL 62901

Accountant Contacts: Tracy Lake 618-453-2521
tlake@siu.edu
Richel Biby 618-453-7528
richelb@siu.edu

RSO REQUIRED INFORMATION - Please Print Neatly or Payment May Be Delayed

RSO FULL NAME: _____

PAYEE NAME: _____ PAYEE DAWG TAG: _____

PAYEE MAILING ADDRESS: _____

PAYEE EMAIL ADDRESS: _____ PAYEE PHONE NUMBER: _____

DESCRIPTION OF REIMBURSEMENT _____

Is the Payee an International Student? NO YES Is the Payee any of the following? Student Student Worker Staff

DATE REQUESTED: _____ Is this expenditure funded by Undergraduate Student Government?

AMOUNT REQUESTED: _____ NO YES - Event Name _____

Payment requested by : Check Debit Dawg

RSO Chapter Officer Printed Name and Title: _____

RSO Chapter Officer Signature: _____

RSO Officer to contact about this expenditure: _____

Contact Phone #: _____ Contact email: _____

Adviser Signature: _____ Email/Phone: _____

ACCOUNTANT USE ONLY

ACCOUNT TITLE _____ ACCOUNT BP# _____

PCARD HOLDER: _____ OBJ # _____

FISCAL OFFICER APPROVAL: _____

QTY	UNIT	DESCRIPTION OF ITEMS PURCHASED	UNIT \$	TOTAL AMOUNT

PCARD TRANSACTION # _____ RECONCILIATION DATE _____