



New Recognized Student Organization (RSO) Request for Purchase/Reimbursement

This form is required for any request for purchase or request for reimbursement of funds related to your student organization.

Request for Purchase

Reimbursement Requested

Advance Deposit Requested

Date RSO Acct. # RSO Name

Requestor Name Requestor Email Address

REQUEST FOR PURCHASE

Purchaser Name Purchaser Title in RSO

Vendor Name Vendor Address, City, State and Zip

Estimated Cost (attach quotes if over \$50)

OFFICE USE ONLY	
PO	<input type="text"/>
STUDENT ENGAGEMENT COORDINATOR APPROVED?	
Yes	No
Comments:	
<input style="height: 50px;" type="text"/>	

Quantity	Unit	Description of Material to be Purchased	Price	Total
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

TOTAL AMOUNT

REQUEST FOR REIMBURSEMENT/ADVANCE DEPOSIT

Payee's Name Payee's Title in RSO (if vendor, state this) Amount for Reimbursement/Deposit

Payee's Address Payee's City, State and Zip Code Purchase Date
(if deposit, state the date required)

Quantity	Unit	Description of Purchase	Price	Total
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

TOTAL AMOUNT

STUDENT ORGANIZATION OFFICER SIGNATURE DATE ADVISOR SIGNATURE DATE