



Student LIFE 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 (regardless of whether funds are from 511 account or allocated by SA3/Student LIFE Committee).

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

ASSOCIATE DEAN OF
STUDENT SERVICES
(ADSS) APPROVED?

Yes No

Comments:

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

President Signature

Date

Advisor Signature

Date