

**Expense Request Form – Registered Student Organizations (RSOs)**

White = Finance Office  
Yellow = ASG  
Pink = CSI  
Golden Rod = RSO

**Important:** Only the RSO President or Treasurer can complete and submit this form.  
Print 2 copies of this completed form. Attach original receipts. No staples, please.

Name & Signature of President or Treasurer: \_\_\_\_\_

Name of Your RSO: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**Event Information**

Event or Purchase: \_\_\_\_\_

Name of Person/Group Being Paid or Reimbursed: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Student ID#: \_\_\_\_\_ Date of Purchase: \_\_\_\_\_ (must be within 30 days of submitting this form)

Amount Spent: \$ \_\_\_\_\_ Amount Requesting for Reimbursement: \$ \_\_\_\_\_

Description of Purchase: \_\_\_\_\_

**Funding**

**Payment Options**

Indicate how much you are requesting from each funding source:

Select one:

\_\_\_\_ MCC Funds \$ \_\_\_\_\_  
(for cultural shows only)

\_\_\_\_ Cash: *reimbursements at or under \$200*

\_\_\_\_ Discretionary Funds \$ \_\_\_\_\_

\_\_\_\_ Check or Direct Deposit: *reimbursements over \$200*  
*Make check or direct deposit payable to:*

\_\_\_\_ Club Funds \$ \_\_\_\_\_

Name: \_\_\_\_\_

\_\_\_\_ Expense Transfer \$ \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

TOTAL: \$ \_\_\_\_\_

**OFFICE USE ONLY**

ASG Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_

Cash Received By (signature): \_\_\_\_\_ Date: \_\_\_\_\_

Spend Category = \_\_\_\_\_ Cost Center = \_\_\_\_\_ Fund = \_\_\_\_\_ Program = \_\_\_\_\_