

RSO PURCHASE REQUEST FORM (OVER \$100.00)

DATE: _____

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

RSO FULL NAME: _____

VENDOR NAME: _____ VENDOR PHONE: _____

DESCRIPTION OF PURCHASE _____

DATE REQUIRED: _____

Is this expenditure funded by Undergraduate Student Government?

AMOUNT REQUESTED: _____

NO YES - Event Name _____

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 _____