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 FULL NAME: ____________________________________________

VENDOR NAME: ____________________________________________ VENDOR PHONE: __________________________

DESCRIPTION OF PURCHASE
________________________________________________________________________

DATE REQUIRED: ____________________________

Is this expenditure funded by Undergraduate Student Government? □ NO □ YES - Event Name __________________________

AMOUNT REQUESTED: ____________________________

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: ____________________________

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<tr>
<th>QTY</th>
<th>UNIT</th>
<th>DESCRIPTION OF ITEMS PURCHASED</th>
<th>UNIT $</th>
<th>TOTAL AMOUNT</th>
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PCARD TRANSACTION # ____________________________ RECONCILIATION DATE ____________________________