RSO PURCHASE REQUEST FORM
(UNDER $100.00)

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: ____________________________________________

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 ____________________________