

# USC RCC Expense Cover Sheet

Club Name: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

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

Submitter Phone: \_\_\_\_\_ Submitter Email: \_\_\_\_\_

Preferred Date to be Completed (not guaranteed): \_\_\_\_\_

Expense Account Type:  Credit Union  RCC  Gift

Account Number: \_\_\_\_\_

Expense Type (circle only one):

Credit Union:  Reimbursement  Pay Ahead

RCC or Gift:  Reimbursement  Purchase Order  Requisition  Credit Card

Short Title: \_\_\_\_\_ Total Dollar Amount: \_\_\_\_\_

Expense Purpose and Summary (who, what, where, when, why):

\_\_\_\_\_  
\_\_\_\_\_

Payable To: \_\_\_\_\_

Is the above entity a:  Student (ID: \_\_\_\_\_)  Company / Organization

Family Member of Student (Relationship: \_\_\_\_\_)  Other: \_\_\_\_\_

Address (Street Address, Apt/Ste #, City, State, Zip Code):

\_\_\_\_\_  
\_\_\_\_\_

Contact Number: \_\_\_\_\_ Contact Email: \_\_\_\_\_

If RCC or Gift Reimbursement, pick up check?  Yes  No  N/A

If **reimbursing** (Credit Union, RCC, or Gift), please **continue** to next page.

If issuing pay-ahead **Credit Union check** or **Internal Requisition**, please attach **invoice**.

If issuing **Purchase Order**, please attach **quote**.

## BUSINESS USE ONLY BELOW THIS LINE

Initial Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Final Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Requisition / Purchase Order #: \_\_\_\_\_ Date: \_\_\_\_\_

Credit Union Check #: \_\_\_\_\_ Date: \_\_\_\_\_

# Reimbursement Tally

For each purchase to be reimbursed, please complete a line in the table below. Then, in order of the table below, **attach both the receipt and corresponding credit / debit statement** for each purchase. When you attach the receipts and credit / debit statements, please label each receipt and statement with purchase number(s) from the table below. Examples can be found on the website.

- If reimbursing from **Credit Union**, all steps are **complete** once the table below is filled.
- If reimbursing from **RCC** or **Gift**, please additionally attach either a **USC Travel Expense Report** or **USC Non-Travel Expense Report** along with **Supporting Documentation** outlined above

Purchase Number	Description	Quantity	Total Item Amount
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
Total Reimbursement Amount:			