

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:			