

- 1) The name of the person filling out the form (should be the treasurer or president)
- 2) Name of your RSO
- 3) The date you are filling out the form
- 4) The name of the event or purchase that you submitted this form for (should correspond to the NOL if for ASG Discretionary Funds)
- 5) Must be the name of the person who spent the money
 - a) Could be your own name if you spent the money
- 6) ^The person's phone number

Expense Request Form – Registered Student Organizations (RSOs)

Important: Only the RSO President or Treasurer can complete and submit this form. Print 2 copies of this completed form. Attach original receipts. No staples, please.

White = Finance Office
 Yellow = ASG
 Pink = CSI
 Golden Rod = RSO

Name & Signature of President or Treasurer: _____ **1**

Name of Your RSO: _____ **2** Today's Date: _____ **3**

Event Information

Event or Purchase: _____ **4**

Name of Person/Group Being Paid or Reimbursed: _____ **5**

Phone #: _____ **6** Email Address: _____ **7**

Student ID#: _____ **8** Date of Purchase: _____ **9** (must be within 30 days of submitting this form)

Amount Spent: \$ _____ **10** Amount Requesting for Reimbursement: \$ _____ **11**

Description of Purchase: _____ **12**

13 Funding

Indicate how much you are requesting from each funding source:

___ MCC Funds \$ _____
(For cultural shows only)

___ Discretionary Funds \$ _____

___ Club Funds \$ _____

___ Expense Transfer \$ _____

TOTAL: \$ _____

14 Payment Options

Select one:

___ Cash: *reimbursements at or under \$200*

___ Check or Direct Deposit: *reimbursements over \$200*
Make check or direct deposit payable to:

Name: _____

Address: _____

City, State, Zip: _____

OFFICE USE ONLY

ASG Approval Signature: _____ Date: _____

Amount Paid: \$ _____

Cash Received By (signature): _____ Date: _____

Spend Category = _____ Cost Center = _____ Fund = _____ Program = _____

- 7) ^The person's email address (typically school)
- 8) ^The person's student ID number
- 9) The date on the receipt
- 10) The total dollar amount on the receipt
- 11) The amount you are requesting (typically the same amount as #10)
 - a) If the amount spent is **more than** the amount allocated on the NOL, you can only get the amount allocated reimbursed
 - b) If the amount spent is **less than** the amount allocated on the NOL, you will only be reimbursed the amount spent

Cont.

12) A brief description of what was bought

13) Check the option that corresponds to the fund you are requesting from (the total should equal #11)

- You are able to check two (ex. both Discretionary and Club Funds if an NOL does not cover the full amount spent and you would still like to be reimbursed the full amount through your club funds
- MCC funds are only for Culture Shows and forms should be turned into MCC Finance

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Address: _____

City, State, Zip: _____

OFFICE USE ONLY

ASG Approval Signature: _____ Date: _____

Amount Paid: \$ _____

Cash Received By (signature): _____ Date: _____

Spend Category = _____ Cost Center = _____ Fund = _____ Program = _____

14) Check the option that corresponds to the amount you are getting reimbursed for

- All reimbursements that are not picked up or are processed too late (after spring quarter) will be sent as a check or direct deposit even if it is under \$200
- Please remind the person who is getting reimbursed to pick up their money ASAP after receiving an email from Arcelia Rodriguez (arodriguez@scu.edu) with the OK

Receipts

- If purchasing in real life from any store/restaurant/etc
 - Make sure to ask for and keep the itemized receipt that also shows the total and the last four digits of the credit card used (if using credit card)
- If purchasing online
 - Print the final page with the transaction that shows the items purchased, the total, and the four digits of the credit card used
- You still need the entire receipt to show the store/restaurant/location and date

Expense Request Form Example

Expense Request Form – Registered Student Organizations (RSOs)

Important: only the RSO President or Treasurer can complete and submit this form.

Instructions:

- Requests for payments and reimbursements must be made within 30 business days after the event or purchase.
- Attach to this form the original receipt(s) and tape to an 8.5x11 inch blank sheet of paper + a photocopy of this taped receipt(s).
- Take the golden rod colored sheet for your records if using the carbon-copy version of this form (make a photocopy if the form is a photocopied version).
- Use a paperclip to attach documents to this form (please do not staple).
- Place this form and all attachments in the ASG Finance Vice President tray on the Locatelli Center front desk.
- Complete and submit a Direct Deposit Form if paying or getting paid via direct deposit.

Name & Signature of President or Treasurer: John Doe

Name of Your RSO: Bubble Blowing Association Today's Date: 9/25/21

Event Information

Event or Purchase: Blowing Bubbles Night

Name of Person/Group Being Paid or Reimbursed: Jane Doe

Phone #: 123-456-7890 Email Address: jdoe@scu.edu

Date of Purchase: 9/24/21 Amount Spent: \$50 Amount Requested: \$50


Description of Purchase: Bubbles and Bubble Cookies for attendees

Funding	Payment Options
<p>Source and amount of funding (check all that apply):</p> <p><input type="checkbox"/> ASG Funds ** = \$ _____</p> <p><input checked="" type="checkbox"/> Discretionary Funds = \$ <u>50</u></p> <p><input type="checkbox"/> Club Funds = \$ _____</p> <p><input type="checkbox"/> Other (list below) = \$ _____</p> <p>TOTAL: \$ <u>50</u></p>	<p>Select one:</p> <p><input checked="" type="radio"/> Cash: reimbursements under \$200</p> <p><input type="radio"/> Check or Direct Deposit: reimbursements over \$200 Make check or direct deposit payable to:</p> <p>Name: _____</p> <p>Address: _____</p> <p>City, State, Zip: _____</p> <p><input type="radio"/> Expense Transfer: list budget string below</p>

** Your RSO receives \$100 per quarter (ASG Funds) only if 2 members attend the quarterly RSO Training.

OFFICE USE ONLY: ASG Approval Signature: _____ Date: _____

Copies: White = Finance Office | Yellow = ASG | Pink = CSI | Golden Rod: RSO



NOTICE OF LEGISLATION

The ASG Student Senate has reviewed your recent proposed motion. This communication is to inform you of the outcome. If you have any questions or comments concerning the outcome, please contact your Student Affairs Committee Liaison.

Club Name: Bubble Blowing Association Date: 09/15/2021

Expense Name: Blowing Bubbles Night

Amount Requested: \$100.00

Registration: _____ Sub-Total: _____

Details: _____

Subscriptions: _____ Sub-Total: _____

Details: _____

Apparel: _____ Sub-Total: _____

Details: _____

Food: _____ Sub-Total: \$40.00

Details: _____

Supplies/Other: _____ Sub-Total: \$35.00

Details: _____

TOTAL ALLOCATED: \$75.00

Percent funded: _____ 75.00%

Funding allocated by ASG is only available for use in the quarter for which it is designated. Expenses paid by ASG allocations must be submitted to the ASG Finance Vice President within ten (10) working days of the date of the event and/or purchase. ASG will not be responsible for any expenditures outside of this timeline without prior approval. Any unspent allocations will be redistributed in the following quarters.

Bob Smith _____ bobsmith@scu.edu _____ *Bob Smith*
ASG SAC Chair E-Mail: Signature

Supplies
8384739

Food
7914777

Bubbles	N			20.00
Bubble Cookies	N			30.00
SUBTOTAL				50.00
TOTAL				50.00
*1234 VISA CHARGE				50.00

Ex. of part of the receipt (this would realistically be unacceptable as the receipt is cut off)

The full original receipt needs to be submitted (screenshots/scanned versions are not acceptable versions)

Although this RSO was allocated \$75, they only ended up spending \$50, so that is the amount they will be reimbursed.