



Registered Student Organization (RSO) Expense Approval Form

Advance Payment (to a business) Reimbursement (to a business or individual)

Student Organization Name _____

Make payment to the following business or individual _____
(Must have a W-9 form on file or attached)

LCC student or employee number (if applicable) _____ Amount _____

Address _____

City _____ State _____ Zip Code _____

Item(s) Purchased _____

- For advance payment to a business please attach:
- Meeting minutes with approved purchase details
 - W9 Form (On file or attached)
 - An invoice from the business/company for the purchase

- For reimbursement please attach:
- Meeting minutes with approved purchase details
 - Itemized receipts
 - W9 Form (On file or attached)

Meeting minutes and supporting documents must be included with this submitted form.

Officer Name (printed) _____

Signature _____ **Date** _____

Advisor Name (printed) _____

Signature _____ **Date** _____

Office Use:
 Account Balance _____ Date _____
 Student Life Signature _____ Date _____