

SYRACUSE UNIVERSITY

**GRADUATE STUDENT ORGANIZATION
EXPENDITURE REQUEST FOR PAYMENT**

Instructions: Please PRINT and complete. Attach original itemized receipt for all purchases. No reimbursement will be made for alcoholic beverages or issued for sales tax. Tax-exempt forms may be issued prior to purchasing, if applicable. Please allow 2 to 3 weeks for check processing.

REQUESTER INFORMATION

Name _____ Signature _____

Contact (phone / email)

STUDENT ORGANIZATION INFORMATION

Student Organization Name: _____

Location of Event: _____ Date of Event: _____

Full Description of Event: _____

PAYABLE RECIPIENT INFORMATION

Payable amount: \$ _____

Name _____

Use for SU Vender / Student / Consultant / Non SU Vender

Address: _____

List campus for SU Vender / home for Consultant / mailing for Student or Non SU Vender

Identification # _____

List SUID # for Student / SS# for Consultant / Federal ID # or SS# for Non SU Vender

GSO COMPTROLLER

Signature of GSO Comptroller

Date

Charge to Program#:

Charge MYCODE:

Return to: Comptroller, GSO, 317 Bowne Hall, Syracuse, NY 13244-1200
FAX (315) 443-3787 / PHONE (315) 481-0316 / EMAIL jsiow@syr.edu