University of South Carolina Aiken

# Request for Aiken Partnership Funds

Date:_____

Account Number:_____

Account Name:_____

Amount Requested:_____

Payee:_____

Purpose of Expense:_____

_____

Benefit to USC Aiken_____

If this was an event, who was present? __ Faculty, ___ Staff, ___Students, ___ Community Members

Requesting Food Purchase Reimbursement? Yes _____ NO _____ Number of Attendees _____

Requesting meal expenses – other than travel? Yes _____ NO _____

****NOTE: All meal/Food reimbursements, you must provide at least one of the following. Meal/Business Cultivation Form, a list of ALL attendees, or your invitation list. (regardless of the number of attendees)**

If paying a vendor for items, will they be given as a gift? YES _____ NO _____ Will the gift value be more than $8 per item?

****NOTE: For all gift Items, you must include a list of all recipients or complete of a Statement of Responsibly Form.**

Is this payment to an individual that is NOT a USC Aiken employee? YES _____ NO _____

**W-9 must be included if the individual is not a USC Aiken employee.**

From Prepared by:_____ EXT_____

_____ _____

Department Chair, Dean or Foundation Budget Officer

Executive Vice Chancellor, Associate Chancellor, or Athletic Director

**All Original Receipts, original invoices, and or reports mut be included with this request**

**Questions? Contact the Advancement Office at x3518 or x3334**