

**University of South Carolina Foundations
Request for Reimbursement**

Payee Information

Name: _____

Address: _____

Event Information

Date: _____ Amount: _____

Time: _____

Location of Activity: _____

Purpose and/or expected benefit to USC/Department:

Name, Title, & Occupation of Attendees:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____

Note: Attach original documentation (receipts)
Attach any supporting documents (emails, advertisements, announcements, etc.)