



Request for Aiken Partnership Funds

Submit Completed and Approved Form to: University Advancement Office, Box 42

Date: _____

Account Name: _____

Account Number (if known): _____

Amount Requested: _____

Payee: _____

Purpose of Expense: _____

Benefit to USC Aiken: _____

If this was an event, what type of attendees were present (Faculty, Staff, Students, Community Members, etc.): _____

Reimbursing food purchases? No Yes: _____ (Number of attendees at event)*

Reimbursing meal expenses other than travel? No Yes: _____ (Number of attendees at event)*

* **NOTE:** For all meal reimbursements with less than 16 attendees, you must complete a Meal/Business Cultivation Expense Form.

If paying a vendor, will items (greater than \$8 per item) be given as a gift? No Yes *

* **NOTE:** For all gift items greater than \$8 per item, you must include a list of all recipients receiving the item or complete a Statement of Responsibility Form.

Is this payment to an individual that is not a USC employee (i.e. speaker, performer, etc.)?

 No Yes, W-9 Form included for Payee

Form Preparer Name: _____ Phone Extension: _____

Signature of Department Chair, Dean
or Foundation Budget Officer

Signature of Executive Vice Chancellor, Associate
Chancellor or Athletic Director

PLEASE INCLUDE ALL ORIGINAL RECEIPTS, ORIGINAL INVOICES, OR REPORTS WITH REQUEST
Questions? Contact Advancement at extension 3518 or 3334
