

**OSU SPORTS CLUB COUNCIL  
Expenditure Request**

Club: \_\_\_\_\_ Date: \_\_\_\_\_

Need:  Check Mailed To  Payment by Credit Card

Amount: \_\_\_\_\_

Pay To: \_\_\_\_\_

Payment will not be processed  
without this information.

Social Security or FEI #: \_\_\_\_\_

CWID \_\_\_\_\_

Telephone Number \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_

Description of Purchase: \_\_\_\_\_

- Reason  Travel  Insurance  Social/Meetings  
 Equipment/Uniforms  Recruitment  
 League Dues  Entry/Officiating Fee  Other \_\_\_\_\_

Signatures of Approval:

Club Advisor \_\_\_\_\_

Club Officer \_\_\_\_\_

Printed Name \_\_\_\_\_

Printed Name \_\_\_\_\_

Phone # \_\_\_\_\_

Phone # \_\_\_\_\_

Attach original invoices showing who paid and amount to be reimbursed or request will NOT be processed.

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