



**Controller's Office
Student Reimbursement Form**

Date: _____

Legal Name: _____

USC ID: _____

Mailing Address Line 1: _____

Mailing Address Line 2: _____

City, State & Postal Code: _____

Amount _____

PART I: Description of Reimbursement

PART II: Summary of Receipts/USC Chartfield

Attach all itemized receipts associated with this request. Food memo required for charges to 53005.

Operating Unit	Department	Fund	Expense Account	Class	PC Business Unit	Project	Activity	Amount
Total Charges:								

PART III: AP Upload Approval:

Department Contact (Name, Email, Phone): _____

Department Approval and Date: _____

Please email the completed Student Reimbursement Form and supporting documentation to: APUpload@mailbox.sc.edu