



**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
<b>Total Charges:</b>								

**PART III: AP Upload Approval:**

**Department Contact (Name, Email, Phone):** \_\_\_\_\_

**Department Head Approval and Date:** \_\_\_\_\_

Please email the completed Student Reimbursement Form and supporting documentation to: [APUpload@mailbox.sc.edu](mailto:APUpload@mailbox.sc.edu)