

Concession Fund/GIK Expenditure Request

Requestor: _____

Date of Request: _____

Amount of Request: \$ _____

Request Type:

Business purpose of Items/Services to be purchased

If food is purchased, please provide event agenda or flyer, approximate number of participants & relationship to USF (staff/faculty/students/ guests):

Vendor Information: Name _____

Address _____

AVP Signature _____

Resource Mgmt & Development _____

Please return signed form to: RMD-Concessions-GIK@usf.edu