

Concession Fund/GIK Expenditure Request

**Requestor:** \_\_\_\_\_

**Date of Request:** \_\_\_\_\_ **Date of Event:** \_\_\_\_\_

**Amount of Request:** \$ \_\_\_\_\_

**Request Type:**

**Business purpose of Items/Services to be purchased**

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**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** \_\_\_\_\_

VP Signature \_\_\_\_\_

Resource Mgmt & Development \_\_\_\_\_

Please return completed form and supporting documentation (flyer, agenda, quote, etc.) to  
RMD-Concessions-GIK@usf.edu

Once received, RMD will route for signatures and return to you.