



Registered Student Organization (RSO) Withdrawal of Funds Request Form

Name of Registered Student Organization _____ RSO Account # _____

Amount of Funds to be Withdrawn _____

Purpose of Withdrawn Funds _____

Date Funds are Needed: _____

Registered Student Organization Representative Responsible for Withdrawal of Funds:

Name _____

Address _____

Phone _____

Email _____

Advisor Responsible for Withdrawal of Funds: _____

Finance and Administration Approval _____ Date _____