



UNIVERSITY OF  
**SOUTH CAROLINA**

**Student Organization  
Student Supplier Form**

**Legal Name:** \_\_\_\_\_

Mailing Address line 1: \_\_\_\_\_

Mailing Address line 2: \_\_\_\_\_

City, State & Postal Code: \_\_\_\_\_

USC ID (Do not use SSN): \_\_\_\_\_

Employee                                  Student

Email Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Is Employee/Student receiving a reimbursement:**    Yes                  No                  (if no please submit a W-9)

**Employees Only:**

**Department:**

Department Contact (Name, Email, Phone):

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Students: Please turn in this signed, completed form to the Russell House, West Wing - Suite 115**