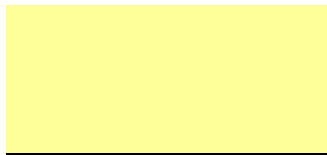


Account Number



Jan-07

Approval to Charge - Travel

Student Organization Finance Center

Campus Mail Stop 1236

845-1114

STEP 1: To Be Completed by Student Organization

Student Organization Name: _____

Travel Vendor: _____

Vendor Contact Person: _____

Vendor phone number: _____

Estimated Cost of Purchase: \$ _____

Will pay up to this amount; email from organization advisor to
kpampell@stuact.tamu.edu for increases

Event Date _____

(Please notify SOFC @ 845-1114 if event is cancelled)

Item/Purpose of Purchase: _____

_____ Transportation

_____ Lodging

Reason for travel _____

Student Organization Leader Signature

Faculty/Advisor Signature

Any fee disputes must be addressed with the vendor by
the student organization.

Additional Signature for purchases over \$2,500.00

STEP 2: To Be Completed by SOFC (Not valid unless this section is completed by SOFC staff)

Date: _____

SOFC Balance checked _____

SOFC Approval Signature: _____

Encumbrance #: _____

To Vendor: Organization may charge up to \$ _____.

Privacy Policy "State law requires that you be informed of the following: (1) you are entitled to request to be informed about the information about yourself collected by use of this form (with a few exceptions as provided by law); (2) you are entitled to receive and review that information; and (3) you are entitled to have the information corrected at no charge to you."