

SOFC Cash Advance

Student Organization Name:

Account Number Sub-Account Date (mmddyyyy)

| | | | | | | | | | | | | | | | | | | | | | | |
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SOFC Use Only

E-Doc #

Voucher #

Ticket #

Funds Custodian Information

Funds Custodian - cannot be a signatory on the form

Name:

Phone Number:

Mailing Address:

UIN #:

| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|
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Cash (up to \$1,500.00)

Check (> \$1,500.00)

Check#:

Date:

Cash or check in the amount of \$ _____ was transferred from the SOFC custodian to (me) the funds custodian listed. As funds custodian, I understand and accept the fact that I am personally responsible for all funds entrusted to me until the monies and / or receipts are submitted to the SOFC for reconciliation. I also understand that a complete accounting of all expenditures, supported with original itemized receipts, will be made and that these funds are to be used only for the purpose specified. Use of these funds for any other purpose is forbidden.

I understand cash advances cannot be used for services, rentals, gift cards, gifts above \$100 in value or for anything that may be considered income, including tips/gratuuity unless included in the price of the meal (large party).

Required to reconcile by date:

| | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|
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Funds Custodian Signature - Photo ID required

SOFC Signature

Payment Information

I certify that this money is to be used as outlined and **NO ALCOHOLIC BEVERAGES** are included in this purchase.

Student Organization Leader Signature

Phone:

Date:

Faculty / Staff Advisor Signature

Phone:

Date:

SOFC Signature(s) as needed

Phone:

Date:

Statement of purpose and benefit to the organization:

| Description | Object Code | Amount |
|------------------|-------------|--------|
| Travel | 3420 | |
| Food | 4015 | |
| Office Supplies | 4017 | |
| Utilities | 5025 | |
| Membership | 5211 | |
| Clothing | 5756 | |
| Other Expenses | 6337 | |
| Items for Resale | 6905 | |
| Total | | |

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 the 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."

Reconciliation Information

Deposit #:

Amount:

Receipts:

Total:

Reconciled By Signature

Date

SOFC Reconciled By Signature

Date

SOFC Notes