SOFC Check Request					
Student Organization Name:				SOFC Us	se Only
		E-Doc	#		
Account Number Sub-Account Date (mmddyyyy)) Voucher	#		
		Ticket	_		
Payee Information					
Make Check Payable-to	TAMU Affiliation (if	TAMU Affiliation (if payee is an individual)			
Individual or Business Name:		TAMU Student*			
		TAMIL Employ	·00*		
Phone Number:		TAMU Employee*			
		Not Affiliated			
Mailing Address:		*UIN # if Affiliated			
		Is the person receiving the benefit of this purchase			
Select one Mail to Payee Address		a U.S. citizen or legal permanent resident?			
Pick up at SOFC		Yes			
Direct Depo	osit (non-employee)	No - Please attach a copy of Visa/Passport			
					,
	Payment Info	ormation			
Statement of purpose and benefit		ormation			
Statement of purpose and benefit		ormation			
I certify that this money is to be	t to the organization: used as outlined and NO	Description		Object Cod	de Amount
I certify that this money is to be ALCOHOLIC BEVERAGES are	t to the organization: used as outlined and NO included in this purchase.	Description	avel	Object Coo	de Amount
I certify that this money is to be	t to the organization: used as outlined and NO included in this purchase.	Description	avel		de Amount
I certify that this money is to be ALCOHOLIC BEVERAGES are Student Organization Leader Sig	t to the organization: used as outlined and NO included in this purchase. nature	Description	ood	3420	de Amount
I certify that this money is to be ALCOHOLIC BEVERAGES are	t to the organization: used as outlined and NO included in this purchase.	Description Tr. F Office Supp	ood	3420 4015	de Amount
I certify that this money is to be ALCOHOLIC BEVERAGES are Student Organization Leader Sig	t to the organization: used as outlined and NO included in this purchase. nature	Description Tr. F Office Supp	ood	3420 4015 4017	de Amount
I certify that this money is to be ALCOHOLIC BEVERAGES are Student Organization Leader Sig Phone:	t to the organization: used as outlined and NO included in this purchase. nature	Description Tr. F Office Supp	ood olies ities ship	3420 4015 4017 5025	de Amount
I certify that this money is to be ALCOHOLIC BEVERAGES are Student Organization Leader Sig Phone:	t to the organization: used as outlined and NO included in this purchase. nature	Description Transport Office Supp Util Members	ood blies ities ship	3420 4015 4017 5025 5211	de Amount
I certify that this money is to be ALCOHOLIC BEVERAGES are Student Organization Leader Sig Phone: Faculty / Staff Advisor Signature	used as outlined and NO included in this purchase. nature Date:	Description Tr. F Office Supp Util Members Services & Other Inco	ood blies ities ship	3420 4015 4017 5025 5211 5609	de Amount
I certify that this money is to be ALCOHOLIC BEVERAGES are Student Organization Leader Sig Phone: Faculty / Staff Advisor Signature Phone:	used as outlined and NO included in this purchase. nature Date:	Description Tr. F Office Supp Util Members Services & Other Inco	ood olies ities ship ome hing Rent	3420 4015 4017 5025 5211 5609 5756	de Amount
I certify that this money is to be ALCOHOLIC BEVERAGES are Student Organization Leader Sig Phone: Faculty / Staff Advisor Signature Phone:	used as outlined and NO included in this purchase. nature Date:	Description Tr. F Office Supp Util Members Services & Other Inco	ood blies ities ship ome hing Rent nses	3420 4015 4017 5025 5211 5609 5756 5880	de Amount
I certify that this money is to be ALCOHOLIC BEVERAGES are Student Organization Leader Signature: Phone: Phone: Phone: SOFC Signature(s) as needed	used as outlined and NO included in this purchase. Date:	Description Tr. F Office Supp Util Member: Services & Other Inco	ood blies ities ship ome hing Rent nses	3420 4015 4017 5025 5211 5609 5756 5880 6337	de Amount