

SOFC Credit Card Payment

Student Organization Name:			E-Doc # Voucher # Ticket #	SOFC Use Only																											
Account Number <table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												Sub-Account <table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							Date (mmddyyyy) <table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												

Vendor Information

Vendor Name: _____

Amount \$

Contact Name: _____ Phone Number, Website or Email Address: _____

Reservation Information

Reservation Made By: _____ Phone Number: _____

Reservation Under/Guest Name: _____ From Date: _____ To Date: _____

Confirmation Number: _____

Statement of purpose and benefit to the organization:

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

To be completed by the SOFC

Student Organization Leader Signature <div style="background-color: #cccccc; height: 20px; width: 100%;"></div>	
Phone:	Date:
Faculty / Staff Advisor Signature <div style="background-color: #cccccc; height: 20px; width: 100%;"></div>	
Phone:	Date:
SOFC Signature(s) as needed	
Phone:	Date:

Date Encumbered:	
SOFC Account Balance:	
SOFC Cardholder Name:	
Date Completed:	
Object Code:	
Actual Charge:	
Re-Allocation Date:	
FAMIS Post Date:	
FAMIS Ref#:	
E# Release Date:	

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."

SOFC Notes: