

# SOFC On-Campus Approval to Charge

|  |             |                 |                                  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|-------------|-----------------|----------------------------------|---------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Student Organization Name:   |             |                 | E-Doc #<br>Voucher #<br>Ticket # | SOFC Use Only |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Account Number   | Sub-Account | Date (mmddyyyy) |                                  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; height: 20px;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> </tr> </table> |             |                 |                                  |               |  |  |  |  |  |  |  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; height: 20px;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> </tr> </table> |  |  |  |  |  |  |  |  |  |  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; height: 20px;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> </tr> </table> |  |  |  |  |  |  |  |  |  |  |
|  |             |                 |                                  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |             |                 |                                  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |             |                 |                                  |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

## Instructions

**Step 1:** Student Organization will turn in the completed, signed form to the SOFC based on the vendor's estimate.

**Step 2:** The SOFC will put a hold on the estimated funds amount. *(If the event or purchase is cancelled, please notify the SOFC).*

**Step 3:** The Student Organization will keep a copy of this form and provide one to the vendor prior to purchase.

**Step 4:** After the purchase / service the vendor will email invoice to [sofc@stuct.tamu.edu](mailto:sofc@stuct.tamu.edu) or send to SOFC Mail Stop 1236.

## Vendor Information

|                        |               |                |                 |    |  |
|------------------------|---------------|----------------|-----------------|----|--|
| On-Campus Vendor Name: |               |                | Estimate Amount | \$ |  |
| Vendor Contact Name:   | Phone Number: | Email Address: |                 |    |  |

## Purchase Information

|                          |             |             |
|--------------------------|-------------|-------------|
| Description of Purchase: | Event Name: | Event Date: |
|--------------------------|-------------|-------------|

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 |       |  |
|                                       |       |  |
| Phone:                                | Date: |  |
| Faculty / Staff Advisor Signature     |       |  |
|                                       |       |  |
| 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: