

SOFC Cash Advance

Student Organization Name: _____

SOFC Use Only

Account Number	Sub-Account	Date (mmddyyyy)																												
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E-Doc #	
Voucher #	
Ticket #	

Funds Custodian Information

Funds Custodian - cannot be a signer on the form

Name:												
Phone Number:												
Mailing Address:												
UIN #: <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><td> </td><td> </td></tr></table>												
<input type="checkbox"/> Cash (up to \$1,500.00) <input type="checkbox"/> 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 cash expenditures, supported with original itemized receipts showing a cash payment, 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, anything considered income, prizes, awards, donations, membership dues, delivery fees, tips/gratuity (unless included in the price of the meal for a large party).

Required to reconcile by date:

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Funds Custodian Signature - <i>Photo ID required</i>
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	3410	
Food	6339	
Office Supplies	4014	
Clothing	5755	
Other Expenses	6335	
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	Reconciled By Signature	Date	Travel Form Password <small>(Required for travel more than 25 miles from College Station)</small>																												
Deposit #:	<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></tr> </table>									<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></tr> </table>									<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><td> </td><td> </td></tr> </table>												
Amount:																															
Receipts:	SOFC Reconciled By Signature	Date	SOFC Notes																												
Total:	<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></tr> </table>																														