

SOFC Credit Card Payment

Student Organization Name:			E-Doc # Voucher # Ticket #	SOFC Use Only	
Account Number	Sub-Account	Date (mmddyyyy)			
<input type="text"/>	<input type="text"/>	<input type="text"/>			

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, Order, or Invoice 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	
Phone: _____	Date: _____
Faculty / Staff Advisor Signature	
Phone: _____	Date: _____
SOFC Signature(s) as needed	
Phone: _____	Date: _____

Date Encumbered:	<input type="text"/>
SOFC Account Balance:	<input type="text"/>
SOFC Cardholder Name:	<input type="text"/>
Date Completed:	<input type="text"/>
Object Code:	<input type="text"/>
Actual Charge:	<input type="text"/>
Re-Allocation Date:	<input type="text"/>
FAMIS Post Date:	<input type="text"/>
FAMIS Ref#:	<input type="text"/>
E# Release Date:	<input type="text"/>

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."

Travel Form Password
(Required for travel more than 25 miles from College Station)

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SOFC Notes: