

SOFC Credit Card Payment

Student Organization Name:

SASE

Account Number

6 9 6 9 6 9

Sub-Account

9 6 9 6 9

Date (mmddyyyy)

E-Doc #

Voucher #

Ticket #

SOFC Use Only

Vendor Information

Vendor Name:

Amount

420

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:

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."

Travel Form Password

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

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SOFC Notes: