

# SOFC Check Request

Student Organization Name:

SOFC Use Only

E-Doc #

Voucher #

Ticket #

Account Number

Sub-Account

Date (mmddyyyy)

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## Payee Information

**Make Check Payable to** (information required)

**TAMU Affiliation and Travel Authorization**

Individual or Business Name:

TAMU Student\*

TAMU Employee\*

Not Affiliated

Phone Number:

\*UIN # if Affiliated

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Mailing Address:

**Select one**

Mail to Payee Address

Pick up at SOFC

Direct Deposit (Will Default at Vendor Request)

**Travel Form Password**

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

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## Payment Information

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.*

**Description**

**Object Code Amount**

Travel	3410	
Food	6339	
Office Supplies	4014	
Utilities	5025	
Membership	5211	
Services & Other Income	5453	
Clothing	5755	
Rent	5870	
Other Expenses	6335	
Items for Resale	6901	
Total		

Student Organization Leader Signature

Phone:

Date:

Faculty / Staff Advisor Signature

Phone:

Date:

SOFC Signature(s) as needed

Phone:

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: