Organization Fund Disbursement Voucher

Name of Organization: Student Organization

Vendor/Payee Information

Payee ID number:
- Vendor Banner #: RSO acct 90xxxx Vendor FEIN: ____________________________

Make check payable to:
- Last name, first name OR company name: Student Organization
- Address 1 ________________________________________________
- Address 2 ________________________________________________
- City __________________________ State ______ ZIP ____________

Delivery method:
- I will pick check up at Cashier. If you have questions, call me at: ____________________________
- Mail check to the payee.
- Yes, include copy of invoice/payment voucher.

Invoice Information

<table>
<thead>
<tr>
<th>Invoice or Transaction Date</th>
<th>Invoice/Doc #</th>
<th>Description/Reason for Payment</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Attach receipts, invoices, or supporting documents SORF allocation, Spring 2009, to RSO account</td>
<td>1947.37</td>
</tr>
</tbody>
</table>

Total 1947.37

FOAPAL Chart Fund Organization Account Program Activity (Optional) Location (Optional) Amount

<table>
<thead>
<tr>
<th>90 xxxx</th>
<th>389005</th>
<th>142900</th>
<th>199000</th>
<th>1947.37</th>
</tr>
</thead>
<tbody>
<tr>
<td>90</td>
<td></td>
<td>199000</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total 1947.37

Organization Approvals

Items on this voucher are appropriate to the organization’s purpose and comply with the Organizations Fund Policies and Procedures.

Treasurer

University Approvals

Fund availability verified by University Accounting Services

Secretary of the Fund

Submit this form to:

Chicago Campus Urbana-Champaign Campus
4th Floor, Room 413, M/C 548 Office of Registered Organizations
809 South Marshfield Avenue 260 Illini Union
Chicago, IL 60612-7204 1401 West Green Street
Pick up check at Cashiers Urbana, IL 61801

Voucher Bookkeeping

Previous balance brought forward $ ____________

SUBTRACT total automatic University payments $ ____________

Subtotal $ ____________

ADD total deposits made since previous voucher $ ____________

New amount available to spend $ ____________

SUBTRACT AMOUNT OF THIS VOUCHER $ ____________

Amount available after check is issued for this voucher $ ____________

(Carry this balance forward to the next voucher)

Organizations are reminded to make a copy of this voucher for their records.
# SORF Expenditure Request

All ORIGINAL receipts and supporting documentation must be submitted with this form. FAILURE to submit expenditure requests WITHIN 60 DAYS of the funded activity risks FORFEIT of SORF ALLOCATION. Treasurer will have 10 business days to attend to problematic issues. Unresolved issues will result in loss of SORF funding!

<table>
<thead>
<tr>
<th>Payee Name:</th>
<th>Student Organization</th>
<th>Payee Email:</th>
<th>student @illinois.edu</th>
<th>Funding Period (circle one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payee Address:</td>
<td></td>
<td>Other Email:</td>
<td></td>
<td>FALL 1 2 3 4 5</td>
</tr>
<tr>
<td>Payee Phone:</td>
<td>217 555-9999</td>
<td>Payee UIN/Banner Vendor #/FOAPAL #/RSO Account #:</td>
<td>1-90XXXX</td>
<td></td>
</tr>
</tbody>
</table>

Date(s) of Travel/Event/Activity: 2/21/2009  
Location of Travel/Event/Activity: Foellinger Auditorium

**Purpose of Travel/Event/Activity:**  
Spreading World Peace

<table>
<thead>
<tr>
<th>Category</th>
<th>Expense(s)</th>
<th>SORF Allocation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Automobile Travel (personal, rental, chartered)</td>
<td>Round trip mileage: x $.505 = $</td>
<td></td>
</tr>
<tr>
<td>Ticketed Travel (train, plane, bus)</td>
<td>Ticket price: $</td>
<td></td>
</tr>
<tr>
<td>Fees (conference, registration, competition)</td>
<td># travelers: x $ fee/person = $</td>
<td></td>
</tr>
<tr>
<td>Lodging (hotel, hostel, host family, dorm)</td>
<td># rooms: x $ cost/nt x # nights: = $</td>
<td></td>
</tr>
<tr>
<td>International Travel Insurance (SIAA Admin Fee &amp; CISI)</td>
<td>Charges: $</td>
<td></td>
</tr>
<tr>
<td>Permanent Equipment</td>
<td>Cost: $</td>
<td>1947.37</td>
</tr>
<tr>
<td>Rental (facility, equipment, service)</td>
<td>Cost: $</td>
<td>2765.64</td>
</tr>
<tr>
<td>Film</td>
<td>Cost: $</td>
<td></td>
</tr>
<tr>
<td>Publications/Communications (DI ad, flyers, posters, etc.)</td>
<td>Cost: $</td>
<td></td>
</tr>
<tr>
<td>Contractual Services (speaker, performer, judge, referee, etc.)</td>
<td>Fee: $</td>
<td></td>
</tr>
</tbody>
</table>

**Organization:** Student Organization  
**Treasurer Email:** ctreasurer22 @illinois.edu

**Treasurer Name:** Chris Treasurer  
**Treasurer Phone:** 217 555-9999

**Treasurer Address:** 400 W. Green St., Urbana, IL 61801

**Organization Signature:** Chris Treasurer

**Treasurer Email:** ctreasurer22 @illinois.edu

**Treasurer Address:** 400 W. Green St., Urbana, IL 61801

**Treasurer Signature:** Chris Treasurer

**Date:** 4/28/09

**RECEIVED**  
APR 20 2009

**75% of University Rental**  
$1947.37
2765.64 x 75% = 2074.23

**SORF Voucher Amount:** $1947.37  
**SORF Authorized Approval:** AOK  
**Date:** 4/28/09
University of Illinois at Urbana-Champaign

Office of Facility Management and Scheduling
Foellinger Auditorium
501 W Illinois MC-61
Urbana, IL 61801

Venue: Foellinger Auditorium
Event Title: Spreading World Peace
Event Date: 21-Feb-09
Sponsor: Student Organization
Contact Name: Chris Treasurer
Contact E-mail: Ctreasurer22@illinois.edu

<table>
<thead>
<tr>
<th>Description</th>
<th>Hours</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Labor</td>
<td>36.45</td>
<td>$400.95</td>
</tr>
<tr>
<td>Overtime</td>
<td>33.9</td>
<td>$559.35</td>
</tr>
<tr>
<td>Equipment</td>
<td></td>
<td>$635.00</td>
</tr>
<tr>
<td>ITS</td>
<td></td>
<td>$75.00</td>
</tr>
<tr>
<td>Facility Use</td>
<td>14</td>
<td>$1,050.00</td>
</tr>
<tr>
<td>Facility Overtime</td>
<td></td>
<td>$0.00</td>
</tr>
<tr>
<td>Conference Use</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Package Total</td>
<td>clean</td>
<td>$45.34</td>
</tr>
<tr>
<td>F&amp;S Charges</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Amount: $2,765.64

This total will be debited from your account automatically through the Banner system. Please call (217) 244-0480 with questions regarding this statement.

Attendance: 1600

Comments

Banner Use Only: C-FOAP  1-90xxxx
Absolute Value: 5531.28
JV# 389005  142900  199000

Office of Facility Management Scheduling
807 S. Wright Street, Suite 320
Champaign, IL 61820
<table>
<thead>
<tr>
<th>Account</th>
<th>Transaction Date</th>
<th>Type</th>
<th>Document</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1000</td>
<td>27-FEB-2009</td>
<td>100F</td>
<td>AR0111172</td>
<td>Foellinger Aud Charge</td>
<td>2,765.64</td>
</tr>
</tbody>
</table>

Total: 2,765.64