

# 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!**

<b>Payee Name:</b>	<b>Payee Email:</b> _____ @illinois.edu	<b>Funding Period (circle one)</b>
<b>Payee Address:</b>	<b>Other Email:</b> _____	<b>FALL</b> 1   2   3   4   5
	<b>Payee Phone:</b> _____	<b>SPRING</b> 1   2   3   4   5

**Payee UIN/Banner Vendor #/FOAPAL #/RSO Account #:** \_\_\_\_\_

**Date(s) of Travel/Event/Activity:** \_\_\_\_\_ **Location of Travel/Event/Activity:** \_\_\_\_\_

**Purpose of Travel/Event/Activity:** \_\_\_\_\_

Category	Expense(s)	SORF Allocation
Automobile Travel (personal, rental, chartered)	1-way mileage: _____ x \$.55 = \$ _____	
Ticketed Travel (train, plane, bus)	Ticket price: \$ _____	
Fees (conference, registration, competition)	# travelers: _____ x \$ _____ fee/person = \$ _____	
Lodging (hotel, hostel, host family, dorm)	# rooms: _____ x \$ _____ cost/rm/nt x # nights: _____ = \$ _____	
International Travel Insurance (SIAA Admin Fee & CISI)	Charges: \$ _____	
Permanent Equipment	Cost: \$ _____	
Rental (facility, equipment, service)	Cost: \$ _____	
Film	Cost: \$ _____	
Publications/Communications (DI ad, flyers, posters, etc.)	Cost: \$ _____	
Contractual Services (speaker, performer, judge, referee, etc.)	Fee: \$ _____	

**Payment will NOT be made if student received a SORF refund!**

**Total:** \_\_\_\_\_

<b>Organization:</b> _____	<b>Treasurer Email:</b> _____ @illinois.edu
<b>Treasurer Name:</b> _____	<b>Treasurer Phone:</b> _____
<b>Treasurer Address:</b> _____	<b>Treasurer Signature:</b> _____

**THIS SECTION FOR OFFICE USE ONLY**

**SORF Voucher Amount:** \$ \_\_\_\_\_ **SORF Authorized Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_