SORF EXPENDITURE REQUEST FORM

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.

Payee Name:	**Payee Email:**	**Allocation Period (circle one)**
Payee Address:	**Payee Phone:**	***FALL*** ***1 2 3 4 5 6***
		SPRING ***1 2 3 4 5 6***
Payee UIN/FEIN/RSO Account:		***SUMMER*** ***1***

Is Payee a Foreign National? □ YES □ NO (If yes, payee must complete required documents before payment is processed.)

Date(s) of Activity/Event	Category	Cost/Charge/Amount	SORF Allocation (dollar amount per person)
	Automobile Travel ($0.505/mile)		
	Ticketed Travel (airfare, train, bus)		
	Fees (conference, tournament, registration)		
	Lodging (hotel, hostel, host family)		
	Equipment/Film		
	Communications (DI ad, flyers, posters)		
	Honoraria (speaker, judge, referee)		
	Rental (facility, equipment)		
	International Travel Insurance		
	Miscellaneous:		
		Total SORF Reimbursement Requested:	

Organization:	**Purpose & Location of Travel/Event/Activity:**	Office Use Only
Treasurer Name:		
Treasurer Address:		
Treasurer Email: ***@illinois.edu***	**Additional Comments:**	
Treasurer Phone:		
Treasurer Signature:		Date Received

For SORF Office ONLY:

	Voucher Total

Treasurer will be notified via email and have 5 business days to attend to problematic issues.