

Organization Fund Disbursement Voucher

Name of Organization: The Organization Hosting a Speaker

Vendor/Payee Information

Payee ID number:

- Student UIN: _____
 Vendor Banner #: VIF attached Vendor FEIN: _____

University Use Only:

Banner Document # _____

Make check payable to:

Last name, first name OR company name Duck, Donald

Address 1 44 First St.

Address 2 _____

City Town State CA ZIP 99222

Delivery method:

- I will pick check up at Cashier. If you have questions, call me at: _____ (Bring your University ID card.)
 Mail check to the payee.
 Yes, include copy of invoice/payment voucher.

*Pick ups: RSO must provide an additional copy of this voucher for all pick up checks.
 Mailing: RSO must provide copies.*

Invoice Information

Invoice or Transaction Date	Invoice/Doc #	Description/Reason for Payment	Amount
		Attach receipts, invoices, or supporting documents	
		SORF allocation, Spring 3 2009, lecture	291.00
		RSO contribution for difference	9.00
Total			300.00

FOAPAL Chart	Fund	Organization	Account	Program	Activity (Optional)	Location (Optional)	Amount
	90 xxxx	389005	142900	199000			300.00
	90			199000			
Total							300.00

Organization Approvals

University Approvals

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

Fund availability verified by University Accounting Services

Carson Cashier

Organization Financial Officer (Treasurer/President)

Secretary of the Fund

Submit this form to:

Voucher Bookkeeping

Chicago Campus
 Accounting
 4th Floor, Room 413, M/C 548
 809 South Marshfield Avenue
 Chicago, IL 60612-7204
 Pick up check at Cashiers

Urbana-Champaign Campus
 Office of Registered Organizations
 280 Illini Union
 1401 West Green Street
 Urbana, IL 61801
 Pick up check at Cashiers

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!

Payee Name: Donald Duck Payee Email: dduck @illinois.edu Funding Period (circle one)
 Payee Address: 44 First St. Other Email: _____ FALL 1 2 3 4 5
Town, CA 99222 Payee Phone: 888 555-666 SPRING 1 2 3 4 5

Payee UIN/Banner Vendor #/FOAPAL #/RSO Account #: (VIF attached)

Date(s) of Travel/Event/Activity: May 8, 2009 Location of Travel/Event/Activity: Linc Hall Aud
 Purpose of Travel/Event/Activity: lecture

Category	Expense(s)	SORF Allocation
Automobile Travel (personal, rental, chartered)	Round trip mileage: _____ x \$.505 = \$ _____	
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: \$ _____ 300.00	291.00

Organization: The Organization Hosting a Speaker Treasurer Email: ccashier @illinois.edu
 Treasurer Name: Carson Cashier Treasurer Phone: 217 555-5555
 Treasurer Address: 123 Second St., Urbana, IL 61801 Treasurer Signature: Carson Cashier

THIS SECTION FOR OFFICE USE ONLY

9790 of 300.00 = \$291.00

RECEIVED
 JUN 11 2009
 BY _____

SORF Voucher Amount: \$ 291.00 SORF Authorized Approval: AOK Date: 6/10/09

LETTER OF AGREEMENT

*Type or complete legibly in ink. Submit original Letter of Agreement along with a completed Voucher.
If this is the first time the individual/group is being paid by the University, a completed Vendor Information Form
must also be submitted**.*

Date: May 1, 2009

As a registered organization, student groups operate independent of the University. This agreement is entered into by the registered organization and does not contractually obligate the University.

This is to confirm the agreement between:

The Organization Hosting a Speaker

(Registered Student Organization)
Donald Duck
and _____
(Individual/Group performing services)
Donald Duck Speaks

Name of Event: _____
Lecture

Type of Event: _____
May 8, 2009

Date of Event: _____
1 PM

Time of Event: _____
Lincoln Hall Auditorium

Place/Location: _____
\$300.00

Total Fee to be paid: _____

Agreed to and accepted by:

To Be Completed by RSO:

Taylor Officer
(Print name of organization representative)

Taylor Officer
(Signature of organization representative)

1 Main St., Urbana, IL 61801
(Address of organization representative)

217 555-5555
(Phone number of representative)

tofficer22@illinois.edu
(Email address of representative)

To Be Completed by Vendor:

Donald Duck
(Print name of person to be paid)

Donald Duck
(Signature of person to be paid)

44 First St., Town, CA 99222
(Address of person to be paid)

888 555-6666
(Phone number of payee)

dduck@gmail.com
(Email address of payee)

**The University of Illinois requires a "Vendor Information Form" to be completed in order to process and remit payment. Questions about the Vendor Information Form can be directed to University Payables at 217-244-6482 or 217-244-0427.

Vendor Information Form

This form must be completed prior to receiving payment from the University of Illinois.

If you need help, email us at uivendor@uillinois.edu or phone 217-244-6482 or 217-244-0427.

Adobe Reader version 8 or above is required to use this form. Download it here.

1 Requesting department enters information (U of I use only):

New

Update

Date: 05/01/09

U of I Department Name: Illini Union - Student Programs and Activities

Contact Person: Claudine Hanson

Phone Number: (217) 244-2418 E-Mail: cjhansn@uillinois.edu

Campus: Chicago Springfield Urbana/Champaign

Purchase Order Transactions Invoice Voucher Transactions

Add to iBuy

2 Vendor enters tax information:

Please mark all boxes that apply.

Individual (TI)

Corporation/Incorporated (TC)

Gov Entity (TG)

Sole Proprietor (TI)

Med Health Care Srcs Prov (TM)

Not-for-Profit Corp (TN)

LLC Sole Proprietor (TL/TI)

Real Estate Agent (TR)

Tax Exempt Org (TE)

LLC Partnership (TL/TP)

Attorney (AT)

Foreign Vendor (VF)

LLC Corporation (TL/TC)

Partnership (TP)

Trust or Estate (TT)

Last name Duck First Donald Middle

Individuals: Please check the appropriate classification.

[X] U.S. Citizen [] Resident Alien [] Non-Resident Alien W8-BEN

Business name (if different from above)

Businesses: Please check the appropriate classification.

[] US Company [] Foreign Vendor with US Presence W8ECI [] Foreign Vendor W8BEN W8EXP

Types of Goods/Services provided:

[] Goods [X] Services [] Attorney [] Royalties [] Medical

[] Other Please describe

1099 Reporting Address (for individuals this should be your permanent residence)

44 First St., Town, CA 99222

Phone: (888) 555-6666 Fax: _____ Email Address: dduck@gmail.com

Payment Address (if different from above)

Phone: _____ Fax: _____ Email Address: _____

Purchase Order Address (if different from above)

Phone: _____ Fax: _____ Email Address: _____

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). For other entities, it is your employer identification number (EIN).

The University will not disclose a recipient's SSN or FEIN without the consent of the recipient to anyone outside the University except as mandated by law.

Social security number

999-99-9999

or
Employer ID number/FEIN

Part II Type of Operation (optional)

Diverse Business

- African American (CA)
- Asian American (CM)
- Female (CW)
- Hispanic American (CH)
- Alaskan Native/Native American (CN)
- Veteran (CV)
- Disabled (CD)

Small Business (Please check all that apply)

- Small Business (B2)
- Small Disadvantage Business (CE)
- Women-owned small business (CF)
- Veteran-owned small business (CG)
- HUBZone small business (CZ)
- Service-disabled veteran-owned small business (CS)

Certifying Organization:

- DCMS (Department of Central Management Services) Business Enterprise Program (C2)
- CMBDC (Chicago Minority Business Development Council) (C3)*
- IDOT (Illinois Department of Transportation) (C4)*
- WBDC (Women's Business Development Center) (C5)*

Other (Please specify):

*Please provide letter of certification from certifying agency when submitting this form.

Part III Conflict of Interest

- Yes No Are you or any Officer, Director, Owner or Partner in this company an employee of the University of Illinois?
- Yes No Is a direct family member of any of the above an employee of the University of Illinois? (Direct family members include spouse/partner or minor child)
- Yes No Does any University employee have an ownership interest in your firm that exceeds 7.5%?

If Yes to any of the above, please provide the names of the individuals involved:

Part IV Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U. S. person (including a U. S. resident alien).
4. I or the organization I represent will comply with the provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and the regulations promulgated there under, to the extent applicable in each transaction.
5. Neither the organization I represent nor any of its employees or subcontractors who may provide services pursuant to any Contract with the University of Illinois is currently Subject of an investigation or proceeding to exclude it as a provider under Medicare or Medicaid or under any other federal or state health care program or under any third party insurance program, nor is it currently excluded or debarred from submitting claims to Medicare or Medicaid or to any other federal or state health care program or to any third party insurer. My organization represents and warrants it has checked the U. S. General Service Administration's (GSA) Excluded Party Listing System (EPLS), which lists parties excluded from Federal procurement and non-procurement programs. The EPLS website includes GSA/EPLS, the U. S. Department of Health and Human Services (HHS) Office of Inspector General's (OIG) List of Excluded Individuals/Entities (LEIE), and the U.S. Department of Treasury's (Treasury) Specially Designated Nationals (SDN) list. My organization also represents and warrants it has checked the Illinois Department of Public Aid (IDPA) OIG Provider Sanctions list of individuals and entities excluded from state procurement with respect to my organization's employees and agents. See the following website: <http://epls.arnet.gov> and <http://www.state.il.us/agency/oig/search.asp>. University will terminate any contract without penalty to University if my organization becomes excluded during the life of any contract.
6. I certify that the information contained herein is correct. I understand that misrepresentation may be cause for removal from the qualified vendor list and any other penalties allowed by law.
7. If any of the vendor information on this form changes the vendor must complete a new form and check updated vendor information. The form must then be resubmitted to the address indicated at the bottom of page four of this form.

Sign Here (This form is not considered valid unless signed and dated)

Signature of U.S. Person →

Donald Duck

Date 05/01/09

Printed Name: Donald Duck

Phone Number (888) 555-6666

E-mail Address (optional) _____

3 Vendor submits form:

To help ensure the security of your tax identification information, please return this form directly to the following:

Vendor Maintenance Department

University Payables
178 Henry Admin. Bldg
506 S. Wright Street, MC-345
Urbana, IL 61801

Or fax to: 217-239-6850

If submitting this form by fax, there is no need to mail a hardcopy.

Non-Resident Aliens should return the completed & signed W8BEN along with the Vendor Information Form to the department contact listed on the Vendor Information Form.