

Organization Fund Disbursement Voucher

Name of Organization: Name as registered with the Registered Organizations Office - NO Abbreviations!

Vendor/Payee Information

Payee ID number:

- Student UIN: I-Card # for UIUC affiliate / FOAPAL # / RSO Account #
- Vendor Banner #: non-UIUC affiliate* Vendor FEIN: (used for businesses)

University Use Only:

Banner Document # _____

Make check payable to:

Last name, first name OR company name person, business, RSO, UIUC dept.

** If payee has been paid by UIUC before, # is on file. If not, have payee complete a Vendor Information Form, write "VIF attached" and submit with voucher so a # can be assigned.*

Address 1 Address is required for ALL payees regardless of delivery method!

Address 2 For UIUC affiliate, address MUST MATCH what the University has on record.

City _____ State _____ ZIP _____

Delivery method: *Check will be issued as a direct deposit if payee is UIUC affiliate.*

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.

Invoice Information

Invoice or Transaction Date	Invoice/Doc #	Description/Reason for Payment <small>Attach receipts, invoices, or supporting documents</small>	Amount
<u>Date of receipt, invoice, or event</u>	<u>If paying business, list invoice #</u>	<u>List summary of/reason for payment</u>	<u>\$ Amt</u>
		<u>Cash Advance - Specify what money will be used for</u>	<u>\$ Amt</u>
<u>For SORF Funded Event/Activity</u>		<u>SORF Allocation, Funding Period, Summary Description of Expenses</u>	<u>\$ Amt</u>
		<u>RSO Contribution for Difference (if required to cover full cost)</u>	<u>\$ Amt</u>

Org. Fund Account # (RSO or Charity)

FOAPAL Chart	Fund	Organization	Account	Program	Activity (Optional)	Location (Optional)	Amount
1	90 <u>4-digit#</u>	389005	142900	199000			
	90			199000			
Invoice Total and FOAPAL Total must be same amount							
Total							Total \$ Amt

Organization Approvals

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

Treasurer's Signature
(president only co-signs if treasurer is payee)

Organization Financial Officer (Treasurer/President)

University Approvals

Organization Fund Accountant signs for processing of payment

Fund availability verified by University Accounting Services

Registered Organization Office/SORF Office signs to approve

Secretary of the Fund

Submit this form to:

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
284 Illini Union
1401 West Green Street
Urbana, IL 61801

Pick up check at

Cashiers, Room 100
Henry Admin Bldg

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 <small>(Carry this balance forward to the next voucher)</small>	\$ _____