

## Organization Fund Disbursement Voucher

Name of Organization: RSO That Needs Equipment

## Vendor/Payee Information

**Payee ID number:**

University Use Only:

Banner Document #

⊙ Student UIN: FOAPAL 1-xxxxxx-xxxxxx-xxxxxx-xxxxxx

☐ Vendor Banner #: \_\_\_\_\_ Vendor FEIN: \_\_\_\_\_

**Make check payable to:**

Last name, first name OR company name Dept of Studies, UIUC

Address 1 123 Quad Bldg

Address 2 M/C 123

City Urbana State IL ZIP 61801

**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.

## Invoice Information

Invoice or Transaction Date	Invoice/Doc #	Description/Reason for Payment <small>Attach receipts, invoices, or supporting documents</small>	Amount
		SORF allocation, Spring 5 2009, for equipment	1170.00
		Total	1170.00

FOAPAL Chart	Fund	Organization	Account	Program	Activity (Optional)	Location (Optional)	Amount
	90	xxxx	389005	142900	199000		1170.00
	90			199000			
						Total	1170.00

## Organization Approvals

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

## University Approvals

Fund availability verified by University Accounting Services

Casey Treasurer

Organization Financial Officer (Treasurer/President)

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

## Urbana-Champaign

## Campus

Office of Registered

## Organizations

280 Illini Union

1401 West Green Street

Urbana, IL 61801

Pick up check at

## Cashiers

## 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!

Payee Name: Department of Studies, UIUC	Payee Email: deptcontact	@illinois.edu	Funding Period (circle one)
Payee Address: 123 Quad Building	Other Email:		FALL 1 2 3 4 5
M/C 123	Payee Phone: 244-0000		SPRING 1 2 3 4 5

Payee UIN/Banner Vendor #/FOAPAL #/RSO Account #: 1-XXXXXX-XXXXXX-XXXXXX-XXXXXX

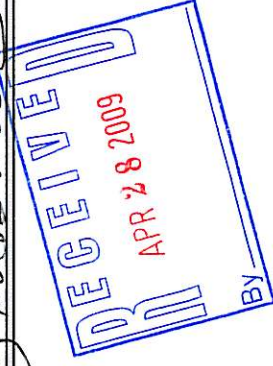
Date(s) of Travel/Event/Activity: 4/17/2009	Location of Travel/Event/Activity:
Purpose of Travel/Event/Activity: projectors, replacement lamps, and screens for presentations to various organizations	

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: \$ 1643.73	1170
Rental (facility, equipment, service)	Cost: \$ _____	
Film	Cost: \$ _____	
Publications/Communications (DI ad, flyers, posters, etc.)	Cost: \$ _____	
Contractual Services (speaker, performer, judge, referee, etc.)	Fee: \$ _____	

Organization: RSO That Needs Equipment	Treasurer Email: ctreasurer555	@illinois.edu
Treasurer Name: Casey Treasurer	Treasurer Phone: 815-555-3232	
Treasurer Address: 400 W. Green St., Urbana, IL 61801	Treasurer Signature: <i>Casey Treasurer</i>	

THIS SECTION FOR OFFICE USE ONLY

821.87 x 75% = 616.40 max \$585 x 2 = 1170.



SORF Voucher Amount: \$ 1170.00	SORF Authorized Approval: AOK	Date: 5/28/09
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The P-Card Web Solution - 4/23/2009

# University of Illinois

## Order Report for [REDACTED]

### Log No: LN2091179

<u>Log No</u>	<u>Order Date</u>	<u>Dept Ref No</u>	<u>Vendor Name</u>	<u>Total Amount</u>	<u>Date Promised</u>	<u>Date Received</u>
<u>Qty</u>	<u>Unit Price</u>	<u>Item Description</u>		<u>EOAP</u>		<u>Trans Amt</u>
LN2091179	4/17/2009		CDW-G			
2	\$438.8500	ViewSonic PJ513D Projector		xxxxxx/xxxxxx/xxxxxx/xxxxxx		\$877.70
2	\$239.3900	ViewSonic Replacement Lamps		xxxxxx/xxxxxx/xxxxxx/xxxxxx		\$478.78
2	\$95.7500	Da-Lite Versatol Projection Screens		xxxxxx/xxxxxx/xxxxxx/xxxxxx		\$191.50
1	\$95.7500	Shipping		xxxxxx/xxxxxx/xxxxxx/xxxxxx		\$95.75

Comments: Projectors, replacement lamps, and screens ~~for Engineers Without Borders~~ for presentations to various organizations involved with the projects of the group.

\*\*\* End of Report \*\*\*

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ExpensePath Software  
Version 2.00 - Revision 0.00

1643.73  
÷ 2  
= 821.87

X-IronPort-AV: E=Sophos;i="4.40,204,1238994000";  
d="scan'208";a="139104387"

X-CSIP: YES

thread-index: Acn/aDPV7HhmUMvESeu8/nBJ/XnoCQ==

Thread-Topic: CDW-G Order Confirmation

From: <cdwgsales@web.cdwg.com>

To: <mksimmon@illinois.edu>

Subject: CDW-G Order Confirmation

Date: Fri, 17 Apr 2009 09:24:22 -0500

X-Mailer: Microsoft CDO for Windows 2000

Priority: normal

X-Spam-Score: 0

X-Spam-Details: rule=cautious\_notspam policy=cautious score=0 spamscore=0 ipscore=0 phishscore=0  
bulkscore=0 adultscore=0 classifier=spam adjust=0 reason=mlx engine=5.0.0-0811170000  
definitions=main-0904170086

X-Spam-OrigSender: cdwgsales@web.cdwg.com

X-Spam-Bar:

4/17/2009 9:23:47 AM

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This document is best viewed in a fixed font like Courier  
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Dear

Thank you for choosing CDW-G. We have received your  
online order. Please take a moment to review it for accuracy and completeness.

Order Number: V608801

Customer Number:

Purchaser:

Deliver To:

Qty	Product	CDWG Part#	Unit Price	Ext. Price
2	ViewSonic PJ513D Projector	1404519	\$438.85	\$877.70
2	ViewSonic Replacement Lamp	1404802	\$239.39	\$478.78
2	Da-Lite Versatol projection screen with t..	542270	\$95.75	\$191.50
=====				
Sub-Total			\$1,547.98	
Shipping			\$68.27	
Sales Tax			<del>\$108.35</del>	
Grand Total			\$1,724.61	

*tax should not be on  
final charge*

If you have any questions or changes to this order, please call  
a CDW-G account manager at 800.808.4239, e-mail  
us at cdwgsales@web.cdwg.com or simply reply to this message.

Just double-checking...

Occasionally a CDW·G account manager will call to confirm or clarify orders placed online. Your contact information is listed as follows:

Mary Kay Kappes  
217-333-3528

## PERSONAL SERVICE ONLINE

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Get the account information you need, when you need it. Check order status and more with your CDWG@work extranet. Learn more: <http://www.cdwg.com/personalservice>

## KEEP IN TOUCH

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CDW Government, Inc.  
The Right Technology. Right Away. (tm)

Corporate Headquarters:  
230 North Milwaukee Avenue  
Vernon Hills, Illinois 60061  
800.808.4239

PHONE HOURS:  
M-F: 7am-7pm CT  
Sat: 9am-5pm CT  
Sun: Closed

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