

**Organization Fund Disbursement Voucher**

Name of Organization: Student Writers

**Vendor/Payee Information**

Payee ID number:

- Student UIN: \_\_\_\_\_  
 Vendor Banner #: @1234567 Vendor FEIN: \_\_\_\_\_

University Use Only:

Banner Document # \_\_\_\_\_

Make check payable to:

Last name, first name OR company name Premier Print Group

Address 1 2602 N. Mattis

Address 2 \_\_\_\_\_

City Champaign State IL ZIP 61822

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<br><small>Attach receipts, invoices, or supporting documents</small> | Amount         |
|-----------------------------|---------------|---|----------------|
|                             |               | SORF allocation, Spring 1 2009, printing Creative Writing Journal                                   | 1249.00        |
|                             |               | RSO contribution  | 1249.00        |
| <b>Total</b>                |               |   | <b>2498.00</b> |

| FOAPAL Chart | Fund | Organization | Account | Program | Activity (Optional) | Location (Optional) | Amount         |
|--------------|------|--------------|---------|---------|---------------------|---------------------|----------------|
|              | 90   | xxxx         | 389005  | 142900  | 199000              |                     | 2498.00        |
|              | 90   |              |         | 199000  |                     |                     |                |
| <b>Total</b> |      |              |         |         |                     |                     | <b>2498.00</b> |

**Organization Approvals**

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

*J. Anthon*

Organization Financial Officer (Treasurer/President)

**University Approvals**

Fund availability verified by University Accounting Services

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*

*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<br>(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: Premier Print Group   | Payee Email: dduck       | @illinois.edu | Funding Period (circle one) |
| Payee Address: Business Office, 2602 N. Mattis  | Other Email:             |               | FALL 1 2 3 4 5              |
| Champaign, IL 61822   | Payee Phone: 888 555-666 |               | SPRING 1 2 3 4 5            |
| Payee UIN/Banner Vendor #/FOAPAL #/RSO Account #: @1234567 (no VIF needed, Banner number is known from previous transactions) |                          |               |                             |

Date(s) of Travel/Event/Activity: \_\_\_\_\_  
 Location of Travel/Event/Activity: \_\_\_\_\_  
 Purpose of Travel/Event/Activity: invoice 111934 for printing journals

| 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: \$ 2498.00  | 1249.00         |
| Contractual Services (speaker, performer, judge, referee, etc.) | Fee: \$ _____   |                 |

|  |                                       |               |
|--|---------------------------------------|---------------|
| Organization: Student Writers                      | Treasurer Email: jauthor              | @illinois.edu |
| Treasurer Name: Jamie Author                       | Treasurer Phone: 217 555-6666         |               |
| Treasurer Address: 123 Third St., Urbana, IL 61801 | Treasurer Signature: <i>J. Author</i> |               |

THIS SECTION FOR OFFICE USE ONLY

5090 of printing cost

RECEIVED

JUN 11 2009

By \_\_\_\_\_

SORF Voucher Amount: \$ 1249.00      SORF Authorized Approval: *ADIC*      Date: 6/30/09

Remit to: Premier Print Group  
Business Office  
2602 N Mattis Ave  
Champaign, IL 61822

Bill to: Student Writers  
c/o Jamie Author  
123 Third St.  
Urbana, IL 61801

43835

Invoice Number: 111934  
Invoice Date: 4/30/2009  
Page: 1 of 1

Job: 111934  
Salesperson: Wanda Brake  
Purchase Order:

Ship to:

| Quantity              | Description | Price | Unit | Amount   |
|-----------------------|-------------|-------|------|----------|
| 300                   | Journals    |       |      | 2,498.00 |
| <b>Subtotal:</b>      |             |       |      | 2,498.00 |
| <b>Job Total:</b>     |             |       |      | 2,498.00 |
| <b>Invoice Total:</b> |             |       |      | 2,498.00 |

Business Office:  
2602 North Mattis Avenue  
Champaign IL 61822-1053  
217.359.2219  
217.359.2296 fax  
800.533.3781 toll-free

Thank you for your business!

**Payment Terms:** Net 30 days from the date of the invoice. A 1.5% per month interest fee will be charged on Past Due amounts. Any payments made against Past Due amounts will be applied to the interest fee then to the older invoice(s). If any legal action is necessary for collection, court costs and attorney fees will be incurred by client.

**Notice about archival of materials:** All artwork, film, and related materials for all jobs will be retained for a period of two (2) years from the order date. After which, Premier Print Group will dispose of all materials, unless the job has been returned or we receive prior written notification for extended storage.

INVOICE

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 2602 N Mattis Ave  
 Champaign, IL 61822

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 c/o Jamie Author  
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 Urbana, IL 61801

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*Copy  
 Payables for  
 mail to  
 Vendor to*

Thank you for your business!

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# **CREATIVE WRITING JOURNAL**

A publication by **STUDENT WRITERS,**  
a registered student organization  
at UIUC

Funded in part by SORF

