

Organization Fund Disbursement Voucher

Name of Organization: Registered Student Organization

Vendor/Payee Information

Payee ID number:

Student UIN: 222333444

Vendor Banner #: _____ Vendor FEIN: _____

University Use Only:

Banner Document # _____

Make check payable to:

Last name, first name OR company name Student, Pat

Address 1 123 Main St.

Address 2 _____

City New City State IL ZIP 61151

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 5 2009, for travel	962.50
		Total	962.50

FOAPAL Chart	Fund	Organization	Account	Program	Activity (Optional)	Location (Optional)	Amount
	90	xxxx	389005	142900	199000		962.50
	90				199000		
						Total	962.50

Organization Approvals

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

Chris Treasurer

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 (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: Pat Student	Payee Email: pstudent555 @illinois.edu	Funding Period (circle one)
Payee Address: 123 Main Street	Other Email:	FALL 1 2 3 4 5
New City, IL 61151	Payee Phone: 217 555-8888	SPRING 1 2 3 4 5

Payee UIN/Banner Vendor #/FOAPAL #/RSO Account #: **222333444**

Date(s) of Travel/Event/Activity: **6/17 - 24/2009** Location of Travel/Event/Activity: **Montclair, NJ**

Purpose of Travel/Event/Activity: **conference**

Category	Expense(s)	SORF Allocation
Automobile Travel (personal, rental, chartered)	Round trip mileage: <u>842</u> x 2 (RT) <u> </u> x \$.505 = \$ <u>850.42</u>	600.00
Ticketed Travel (train, plane, bus)	Ticket price: \$ <u> </u>	
Fees (conference, registration, competition)	# travelers: <u>1</u> x \$ <u>125</u> fee/person = \$ <u>125.00</u>	62.50
Lodging (hotel, hostel, host family, dorm)	# rooms: <u>1</u> x \$ <u>108.10</u> cost/rm/nt x # nights: <u>4</u> = \$ <u>432.00</u>	300.00
International Travel Insurance (SIAA Admin Fee & CISI)	Charges: \$ <u> </u>	
Permanent Equipment	Cost: \$ <u> </u>	
Rental (facility, equipment, service)	Cost: \$ <u> </u>	
Film	Cost: \$ <u> </u>	
Publications/Communications (DI ad, flyers, posters, etc.)	Cost: \$ <u> </u>	
Contractual Services (speaker, performer, judge, referee, etc.)	Fee: \$ <u> </u>	
Total:		962.50

Organization: **Registered Student Organization** Treasurer Email: **ctreasurer22 @illinois.edu**

Treasurer Name: **Chris Treasurer** Treasurer Phone: **217 555-9999**

Treasurer Address: **400 W. Green St., Urbana, IL 61801** Treasurer Signature: *Chris Treasurer*

THIS SECTION FOR OFFICE USE ONLY

SORF Voucher Amount: \$ 962.50 SORF Authorized Approval: AOV Date: 7/21/09

mileage, max \$1200, 2 cars = \$600 max per car
 lodging 108.10 x 75% = 81.08, max \$75
 \$75 x 1 rm x 4 nights = \$300.00

RECEIVED
















JUL 19 2009

By _____

MAPQUEST

Total Travel Estimates: 13 hours 43 minutes / 841.52 miles

A: Urbana, IL

	1: Start out going NORTH on S BROADWAY AVE toward LINCOLN SQ.	0.4 mi
 	2: Turn RIGHT onto E UNIVERSITY AVE/US-150/US-45 . Continue to follow E UNIVERSITY AVE/US-150 .	1.3 mi
 	3: Stay STRAIGHT to go onto IL-130 N .	0.4 mi
 	4: Merge onto I-74 E toward DANVILLE (Crossing into INDIANA).	108.2 mi
 	5: Merge onto I-465 N via EXIT 73B .	1.2 mi
	6: Take the 38TH ST. exit, EXIT 17 .	0.3 mi
	7: Turn RIGHT onto W 38TH ST.	3.4 mi
 	8: Merge onto I-65 S .	5.6 mi
 	9: Merge onto I-70 E via EXIT 112A on the LEFT toward COLUMBUS OH. (Crossing into OHIO).	166.2 mi
 	10: Merge onto I-270 N via EXIT 93B toward CLEVELAND .	16.5 mi
 	11: Merge onto I-71 N via EXIT 26 toward CLEVELAND .	91.1 mi
 	12: Merge onto I-76 E via EXIT 209 toward LODI/AKRON .	60.2 mi
 	13: Take I-80 E toward NEW YORK CITY (Passing through PENNSYLVANIA , then crossing into NEW JERSEY).	374.5 mi
 	14: Merge onto I-280 E via EXIT 47A toward THE ORANGES/NEWARK .	8.2 mi
	15: Merge onto CR-577 N via EXIT 8B toward CEDAR GROVE .	2.5 mi
	16: Turn SLIGHT RIGHT onto BLOOMFIELD AVE/CR-506 .	0.3 mi
	17: Turn LEFT onto PROSPECT AVE.	0.0 mi
	18: Turn RIGHT onto CLAREMONT AVE/CR-654 .	0.6 mi
	19: Turn LEFT onto PARK ST.	0.7 mi
	20: Turn RIGHT onto ESSEX WAY .	0.0 mi
	21: Welcome to MONTCLAIR, NJ .	0.0 mi

B: Montclair, NJ

Conference Registration

biennial registration

Search Mail

Search the Web

Show search options
Create a filter

Compose Mail

BusinessWeek.com -- Citi, BoFA Surprise the Street - 3 hours ago

Inbox (13)

Back to Search Results Archive Report spam Delete Move to Inbox Labels More actions

Sent Mail

Drafts (40)

SCRA Receipt

- 3 PP Paper
- EV Lab (16)
- Fab Projects (4)
- FVCC Project (11)
- GAP (10)
- Grants and Funding
- MUV Chapter
- Play Therapy Prac (2)
- Psych-Suic Paper
- 23 more v
- Contacts
- Tasks

SCRA Receipts

TO: PAT STUDENT

This is an official receipt from the Society for Community Research and Action for items related to the 2009 Biennial Conference to be held in Montclair, New Jersey, June 18-21:

Transaction Itemization:

Registration:	\$ 125
Preconference Workshop:	\$ 0
Conference T-shirts:	\$ 0
Cocktail Social Tickets:	\$ 0
Dues paid:	\$ 0
SCRA Student Initiatives Fund:	\$ 0
SCRA International Travel Grants Fund:	\$ 0
Total paid:	\$ 125

If you have any questions or if we may assist further, please do not hesitate to email or call.

Sincerely,

Susan Kistler
 Manager
 Landmail: SCRA, 16 Sciticut Neck Rd #290, Fairhaven MA, 02719
 Phone: 1-508-441-2471
 Email: office@scra27.org
 The Society for Community Research and Action


Reply Forward

Back to Search Results Archive Report spam Delete Move to Inbox Labels More actions


Name tag: Proof of Attendance,

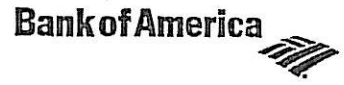
Pat
Student

University of Illinois
Urbana-Champaign



2009 BIENNIAL CONFERENCE
June 18-21, 2009
Montclair State University





Prepared for: PAT STUDENT
Account Number: XXXX XXXX XXXX 5555

May 2009 Statement

Customer Service
For Information on Your Account Visit:
www.bankofamerica.com
Call toll-free 1-800-421-2110
TDD hearing-impaired 1-800-346-3178
Mail Payments to:
BANK OF AMERICA
P.O. BOX 15019
WILMINGTON, DE 19886-5019
Mail Billing Inquiries to:
BANK OF AMERICA
P.O. BOX 15026
WILMINGTON, DE 19850-5026

Account Information	
Summary of Transactions	
Previous Balance	[REDACTED]
Payments and Credits	[REDACTED]
Purchases and Adjustments	[REDACTED]
Periodic Rate Finance Charges	[REDACTED]
Transaction Fee Finance Charges	[REDACTED]
New Balance Total	[REDACTED]
Billing Cycle and Payment Information	
Days in Billing Cycle	32
Closing Date	05/05/09
Payment Due Date	05/25/09
Current Payment Due	\$15.00
Past Due Amount	\$0.00
Total Minimum	
Payment Due	\$15.00

Transactions						
	Promotional Offer ID	Posting Date	Transaction Date	Reference Number	Account Number	Amount
Payments and Credits						
PAYMENT - THANK YOU		04/20				212.22 CR
Purchases and Adjustments						
#REFINERY		04/04	04/02	[REDACTED]	[REDACTED]	[REDACTED]
#SOCIETY FOR COMMUNITY	8476733132 IL	04/06	04/05	0531	[REDACTED]	125.00

Important Information About Your Account

PAY YOUR BILL QUICKLY WITH THE PAY BY PHONE SERVICE. CALL 1.866.297.9258 TO USE THE AUTOMATED SERVICE OR DISCUSS OTHER PAYMENT OPTIONS.

BANK OF AMERICA
P.O. BOX 15019
WILMINGTON, DE 19886-5019

Pat Student
123 Main Street
New City, IL 61151

Check here for a change of mailing address or phone number(s). Please provide all corrections on the reverse side.

Payment Information

Mail this payment coupon along with a check or money order payable to: BANK OF AMERICA

Hotel Accommodations



06-21-09

Pat Student 123 Main Street New City, IL 61151	Folio No. : 75490 A/R Number : Group Code : SCR Company : Membership No. : Invoice No. :	Room No. : 128 Arrival : 06-17-09 Departure : 06-21-09 Conf. No. : 66833229 Rate Code : Page No. : 1 of 1 Cashier No. : 140
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Date	Description	Charges	Credits
06-17-09	*Accommodation	94.00	
06-17-09	Sales Tax	6.58	
06-17-09	Occupancy Fee	7.52	
06-18-09	*Accommodation	94.00	
06-18-09	Sales Tax	6.58	
06-18-09	Occupancy Fee	7.52	
06-19-09	*Accommodation	94.00	
06-19-09	Sales Tax	6.58	
06-19-09	Occupancy Fee	7.52	
06-20-09	*Accommodation	94.00	
06-20-09	Sales Tax	6.58	
06-20-09	Occupancy Fee	7.52	
06-21-09	Visa xxxx xxxx xxxx 2222		432.40
Total		432.40	432.40
Balance		0.00	

108.10

Guest Signature: 

I have received the goods and / or services in the amount shown hereon. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

BankAmericard Rewards

Prepared for: Pat Student

July 2009 Statement



Account Number: xxxx xxxx xxxx 9999

bank account #

Account Information		Billing Cycle and Payment Information	
Summary of Transactions		Days in Billing Cycle	30
Previous Balance	[REDACTED]	Closing Date	07/02/09
Payments and Credits	[REDACTED]	Payment Due Date	07/23/09
Purchases and Adjustments	[REDACTED]	Current Payment Due	\$15.00
Periodic Rate Finance Charges	[REDACTED]	Past Due Amount	+
Transaction Fee Finance Charges	[REDACTED]		\$0.00
New Balance Total	\$1,040.18	Total Minimum Payment Due	\$15.00

Customer Service

For Information on Your Account Visit:
www.bankofamerica.com
Call toll-free 1-800-789-6685
TDD hearing-impaired 1-800-346-3178

Mail Payments to:
BANK OF AMERICA
P.O. BOX 15019
WILMINGTON, DE 19886-5019

Mail Billing Inquiries to:
BANK OF AMERICA
P.O. BOX 15026
WILMINGTON, DE 19850-5026

Transactions

HOLIDAY INNS	TOTOWA NJ	06/23	06/22	0988	2222	432.40
0622000159990						
ARRIVAL DATE 6/17/09						

debit card account #

transactions continued on page 3

BANK OF AMERICA
P.O. BOX 15019
WILMINGTON, DE 19886-5019

Check here for a change of mailing address or phone number(s). Please provide all corrections on the reverse side.

Payment Information

name of owner of account

Pat Student
123 Main Street
New City, IL 61151