

# SOFA Expenditure Form

All receipts and supporting documents must be submitted with this form within 2 weeks of Event

Organization Name	
Request ID Number	Event
Organization Account Number 90 _____	
SOFA Funding Meeting:	
Fall	Spring
1 2 3	4 5 6 7

Category	Amount Paid	SOFA Allocation	Difference
Contractual Services			
Food			
Decorations			
Uniforms/Apparel			
Permanent Equipment			
Licenses/Royalties			
Printing/Advertising			
Admission/Fees			
Lodging			
Travel			
Supplies			
<b>Totals</b>			

*If Amount paid is equal to or exceeding the SOFA allocation, full SOFA Allocation to be transferred, if the amount paid is less than SOFA Allocation, no more than the amount paid is to be transferred to Organizations account.*

*THIS SECTION FOR OFFICE USE ONLY*

SOFA Voucher Amount: \_\_\_\_\_ Date: \_\_\_\_\_  
 Student Life Staff Approval: \_\_\_\_\_

