

# S.O.F. Reimbursement

(All information & original receipts required - PRINT ONLY)

## Organization/Event Information

Group Name:	
Event:	
Event Date:	
Attendance:	

## Contact Information

Contact Name:	
Contact Phone:	
Contact Email:	

## Check Payable Information

*If your organization has a Tax ID number:*

Reimbursement Amount:	
Payable to: <i>(Name of Organization)</i>	
Tax ID :	

*If your organization DOES NOT have a Tax ID number:*

Reimbursement Amount:	
Payable to: <i>(Contact Person listed above)</i>	
UTD ID:	

## Delivery Options:

*If off-campus address is selected, please supply location below:  
(Street, City, State, Zip - PRINT ONLY)*

- CSI
- Off-Campus Address  
(Person/Vendor)

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***\*Please tape original receipts to a separate sheet of paper and turn them in with this form\****