

S.O.F. Reimbursement

(All information & original receipts required - PRINT ONLY)

Organization/Event Information

Group Name:	
Event:	
Event Date:	
Attendance:	

PRESIDENT Contact Information

President's Name:	
President's Phone:	
President's 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>(organization president above)</i>	
UTD ID:	

Delivery Options:

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

- Center for Student Involvement (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****