



Date submitted _____

UNIVERSITY OF NEBRASKA - LINCOLN
STUDENT ORGANIZATION FINANCIAL SERVICES - SOFS
PAYMENT REQUEST VOUCHER

Date _____

Organization account # _____

Check / Journal Entry

Organization account name: _____

No. _____

(SOFS use only)

Pay to: _____

Check to be picked up at SOFS Office

Check to be mailed by SOFS - Address: _____

Street

City

State

Zip

DESCRIPTION

AMOUNT

Check Appropriate Box

Payment for: _____

Invoices or detailed receipts must be attached as supporting documentation.

NOTE: If you do not have supporting documentation, please explain why: _____

Payment to an individual for items other than documented reimbursement will require a completed W-9 form.

Expenditures not properly documented will be reported to the IRS as miscellaneous income.

Payment for Contracted Services: (Speakers, performances, consultants, etc.) Signed contract is documentation for payment.
W-9 form must be on file with SOFS.

If payment is to a nonresident of Nebraska we must also have a W-4NA form on file with SOFS.

Fees for coaching, honorarium, prize, award, etc. (Noncontracted) W-9 form must be on file with SOFS Office for payment.
Please provide invoice for fees, minutes etc. for documentation.

Scholarship - Organization must submit a completed SOFS Scholarship Voucher.
W-9 form required if paid directly to student.

Transfer to: SOFS Account #: _____ Or UNL Department Cost Object #: _____

Reason for transfer: _____

Please provide minutes, invoice, etc. for documentation.

Checkout cash box -- approximate return date: _____

Please Note: If cash box is damaged/destroyed or key lost, organization will be charged a replacement charge.

Starter Cash for Cash Box. **Please Note: This amount needs to be redeposited into your account after your event.**

(SOFS Use Only)

Cash box number _____ Date checked out: _____

Cash box returned on: _____

TOTAL

White copy: SOFS

Yellow copy: Organization

APPROVAL FOR PAYMENT -- TWO SIGNATURES REQUIRED

ADVISER SIGNATURE

TREASURER/PRESIDENT SIGNATURE

PRINT ADVISER NAME

*You cannot approve a payment request to yourself.

PRINT TREASURER/PRESIDENT NAME

*You cannot approve a payment request to yourself.