

Date submitted _____

Date _____

Organization account # _____

Check / Journal Entry

Organization account name: _____

No. _____

(SOFS use only)

Pay to: _____

Is this person a University of Nebraska employee: Yes If YES, contact SOFS Office for further information

Check to be picked up at SOFS Office

Check to be mailed by SOFS - Address: _____

STREET

CITY

STATE

ZIP

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 IRS FORM W-9.
EXPENDITURES NOT PROPERLY DOCUMENTED WILL BE REPORTED TO THE INTERNAL REVENUE SERVICE AS MISCELLANEOUS INCOME.**

DESCRIPTION	AMOUNT
Check Appropriate Box	
<input type="checkbox"/> Purchase for Resale (Please explain): _____ [Items purchased that will be sold at cost or above, (i.e. clothing, study supplies, various purchases for fundraising events when an admission is charged), contact the SOFS Office for additional information.] (Organization must obtain a resale certificate from the SOFS Office to provide to vendor and collect sales tax on the sale.)	
<input type="checkbox"/> Fee - Consultant, entertainment, honorarium, speaker, talent, prize, award etc. (Organization must submit an IRS Form W-9 for payee for this type of check request.) (Organization must submit a Nebr. Form W-4NA for payee for this type of check request, if payee is not a resident of Nebr.)	
<input type="checkbox"/> Scholarship - (Organization must submit a completed SOFS Scholarship Voucher.)	
<input type="checkbox"/> Payroll Pay Period: _____	
<input type="checkbox"/> Reimbursement for: _____	
<input type="checkbox"/> Other (Please explain): _____	
<input type="checkbox"/> Transfer to: SOFS Account #: _____ Or UNL Department Cost Object #: _____	
<input type="checkbox"/> Checkout cash box -- approximate return date: _____ (If cash/change is needed, list dollar amount requested in the "Amount" column.) (If cash box is damaged/destroyed or key lost, organization will be charged a replacement charge.)	
<input type="checkbox"/> Reissue check #: _____ Reason for check to be reissued: _____	
(SOFS Use Only)	
<input type="checkbox"/> Cash box number _____ Date checked out: _____	
<input type="checkbox"/> Cash box returned on: _____	
<input type="checkbox"/> Fieldtrip insurance - post JE entry #: "Fieldtrip"	
<input type="checkbox"/> Reason for journal entry: _____	
	TOTAL

White copy: SOFS

Yellow copy: Organization

APPROVAL FOR PAYMENT

ADVISER SIGNATURE

TREASURER/PRESIDENT SIGNATURE

PRINT ADVISER NAME

PRINT TREASURER/PRESIDENT NAME