

Card #:

SOFS #:

SOFS UBT Credit Card Reservation Form

RSO Name:

Check out (Date):

Return (Date):

Date of Event:

Destination (if traveling):

Expected purchases:

Expected amount (\$):

By signing below, I acknowledge and agree to the following conditions regarding the SOFS UBT credit card:

I understand that the SOFS UBT credit card operates on a first-come-first-serve basis, with no guarantee that my RSO will receive it. If a card is released to the RSO, my organization accepts full responsibility for any resulting damage. Furthermore, I confirm that all members of my RSO who use the SOFS UBT Credit Card are well-versed in the rules and guidelines for its handling and usage as outlined in the **SOFS UBT Credit Cards – Video Training**. I understand that improper or fraudulent use of the SOFS UBT Credit Card may result in disciplinary action in accordance with the student conduct policies and/or violation of criminal laws.

X

RSO President or Treasurer

X

RSO Advisor

Complete in SOFS office

Picked up by: _____

Date: _____

Returned by: _____

Date: _____