

SORF Expenditure Request

All ORIGINAL receipts and supporting documentation must be submitted with this form and a Voucher Form.
 FAILURE to submit expenditure requests WITHIN 30 CALENDAR DAYS of the activity date risks FORFEITURE of SORF allocation.

Organization Name: _____

Request ID: _____ Payee Name: _____

Funding Period Information Date(s) of Event/Purchase: _____

Semester: Fall Spring Location of Event/Travel: _____

Period: 1 2 3 4 5

Additional Funding sources obtained for this event/purchase: SCPF PCC CRFB Campus Department/Unit

Category	Amount Paid	Funding Calculation	SORF Allocation
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Contractual Services		50% of Amount Paid (excluding taxes) up to \$3,500=	
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Contractual Services includes speakers, performers, judges and referees. The \$3,500 maximum is inclusive of travel costs.

University Rental		50% of Amount Paid (excluding taxes)=	
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Non-University Rental (facility, eqpmt., service)		25% of Amount Paid (excluding taxes)=	
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Permanent Equipment		50% of Amount Paid (excluding taxes)=	
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Licenses/Royalties (Film and Performing Arts)		75% of Amount Paid (excluding taxes)=	
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Publications		50% of Production Costs=	
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Communications/ Advertising		_____ copies x (\$0.10 for 1-100; \$0.05 for 101-500); _____ newspaper ads x \$60=	
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Electronic Advertising		_____ of locations x cost per location x 50% up to \$30 per event =	
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Automobile Travel		_____ roundtrip miles x \$0.565/mile x 25%=	
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Chartered Travel		_____ roundtrip miles x \$1.50/mile x 50% =	
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Air, Rail, Sea Travel		_____ # tickets x _____ pre-tax price x 25% OR \$140/ticket, whichever is less=	
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Individual Registration Fees		_____ # attendees x _____ fees x 50% OR \$50/attendee, whichever is less=	
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Team Registration Fees		_____ # teams x _____ fees x 50% OR \$150/team, whichever is less=	
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Lodging		_____ rooms x _____ nights x _____ rate x 50% OR \$55/night/room, whichever is less=	
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International Travel Insurance		_____ # travelers x _____ fees x 50% OR \$30/traveler, whichever is less=	
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The maximum total travel reimbursement is \$1,500 per trip.

Payments will not be made to persons ineligible to receive funds.	This is the amount to be transferred to your RSO --> Total:	
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THIS SECTION FOR OFFICE USE ONLY

Date Received: _____

SORF Voucher Amount: \$ _____

SORF Authorized Approval: _____ Date: _____

Treasurers have 10 business days to attend to problematic issues. Unresolved issues will result in FORFEITURE of SORF allocation.