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| **To Be Completed for Each Party Seeking SOFAC Reimbursement** |
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| **Reimbursement for an Individual or Organization** |
| Use this section if an individual completed the transaction. |
| \*  Complete Reimbursement Form |
| \*  Collect all original **itemized** receipts |
|  o   Each receipt must indicate that the transaction was paid by cash, credit, or debit. |
|  o  Tape all receipts onto a blank sheet of paper, if they not already 8 ½ by 11 |
| \*  Proof of Payment (choose one) |
|  o  Card: Bank statement showing name on account and transaction OR |
|  o  Card: Receipt has four digits, picture of the card showing name and four digits |
|  o  Check: Picture of front of check (can obtain from Online Banking or Bank) |
|  o  Cash: Receipt says “cash” and has signature of party seeking reimbursement |
| \*  Remember that SOFAC will only cover APPROVED registered events so you must complete the Event Registration Form on BearLink before your request will be processed. |
| \*  Attach all Expense Reports to the completed Reimbursement Form listing each party seeking reimbursement |
| \*  **I understand that if any of the above items are not included, I will have 72 hours from contact to provide the required paperwork.** |
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| **Mileage (Only Individuals may Apply)** |
| \*  Completed Reimbursement Form |
| \*  Attach the **Google Maps** distance traveled for a round trip **starting from Carrington Hall** |
| \*  Attach a copy of the Trip Registration Form that was submitted on BearLink that states both the drivers and passengers during the trip |
| \*  **I understand that if any of the above items are not included, I will have 72 hours from contact to provide the required paperwork.** |
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| **Reimbursement for a Department** |
| Use this section if a university account completed the transaction. SOFAC will reimburse the account |
| with a budget transfer. |
| \*  Complete a Budget Transfer Request Memo (either hard copy or emailed) |
|  o   The memo needs to have 3 pieces of information |
|  §  The amount to be transferred |
|  §  Purpose of the transfer |
|  §  The FOAPAL/budget number to which the money should be transferred. |
|  o *Example*: Please transfer $500.00 to X020000-123456-87000-321 to reimburse |
| the Boomer Department for conference registration fees of 5 students with the Boomer Club. |
| \*  Collect all original **itemized** receipts |
|  o  Attach an account activity statement or Financial Services documentation |
|  o  Attach all to the completed Reimbursement Form listing each party seeking reimbursement |
| \*  **I understand that if any of the above items are not included, I will have 72 hours from contact to provide the required paperwork.** |