|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **To Be Completed for Each Party Seeking  SOFAC Reimbursement** | | | | | | | |
|  |  |  |  |  |  |  |  |
| **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.** | | | | | | | |
|  |  |  |  |  |  |  |  |
| **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.** | | | | | | | |
|  |  |  |  |  |  |  |  |
| **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.** | | | | | | | |