

SOFAS Organization Two Signatures Required

Requester Organization Information

Organization Name: _____

Organization #: _____

Date: _____

Amount: _____

Payee: _____

Organizer Authorized Signature Information

Authorized Signer #1 _____

Signature _____

Email _____

Authorized Signer #2 _____

Signature _____

Email _____

IMPORTANT REMINDER:

The two Authorized Signers must be on your signature card and neither should be the payee for this request.

**PLEASE ATTACH THIS DOCUMENT ALONG WITH THE
INVOICE/RECEIPT ON THE VOUCHER REQUEST**

Authorized Signature Process – SOFAS office only

Verify both signatures are on signature card

Verified by: _____

Comments: