

Student Cultural Programming Fee

Funding Disbursement Form 2017-2018

Return original hard copy of document to Student Cultural Programming Fee Graduate Assistant, at 121 Swanlund Administration Building.

NO LATER THAN 30 DAYS AFTER THE LAST DAY OF THE EVENT. This form must be filled out *completely*. Failure to submit a completed form within 30 days of your event risks forfeiture of the award.

Contact person: _____ Phone: _____

E-mail: _____@illinois.edu

Title of Event: _____ Event date: _____

Funding Period (Application Deadline): _____ Application Number: _____

Total financial support allocated by the Student Cultural Programming Fee: \$ _____

Please make and keep copies of original receipts for your records. ORIGINAL RECEIPTS MUST BE SUBMITTED FOR REIMBURSEMENT.

1. Attach/enclose:

- Original itemized receipts/invoices for **ALL** expenses requested from SCPF to be disbursed to the organization or department.
 - *(Copies of receipts are accepted from University departments.)*
- Receipts **must be taped** to 8.5" x 11" page(s) with **line item category labeled for each receipt**.
 - Please do **not** include personal expenses on receipts or you will be responsible for figuring the eligible reimbursement.
 - Non-English language receipts must be TRANSLATED into English for reimbursement.
 - Do not fold identifying information or text on receipt.
- Flyer of event including "Paid for by Student Cultural Program Fee" identifier.

2. Complete **ONLY 1** of the sections below (A or B).

Only the department/RSO that submitted the application for event funding can request reimbursement

A. If expenses are being reimbursed to a university department please include:

****Information for the ONE account to be reimbursed****

Department Name: _____

CFOAP Account:

• Fund code: _____

• Organization code: _____

• **Account code (REQUIRED)** _____

(Check with departmental business office prior to submission to confirm correct Account Code)

• Program code: _____

AMOUNT: \$ _____

** Reimbursement to CFOAP account will be processed only after account has been charged.*

B. If expenses are being reimbursed to an RSO account, please include:

****Information for the ONE account to be reimbursed****

RSO Name: _____

RSO Account Number: 1-90 ____

(UIUC accounts only; payment to an RSO's outside bank account is not permissible.)

AMOUNT: \$ _____

** Reimbursement to RSO account will be processed only after account has been charged.*

SCPF does not reimburse individuals. If individuals need to be paid directly, the department/RSO that requested funding from SCPF is responsible for coordinating that process.

After processing reimbursement submissions, funds will be disbursed to university accounts, please allow 2-4 weeks for processing.

Please contact the SCPF Graduate Assistant at scpf@illinois.edu with any additional questions.