***Student Cultural Programming Fee***

Funding Disbursement Form 2016-2017

Return to Student Cultural Programming Fee Graduate Assistant, at 121 Swanlund Administration Building.

**NO LATER THAN 30 DAYS AFTER YOUR 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 (Month of Hearing):**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Application Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**\_\_\_\_\_\_\_\_\_\_\_\_**

**UPDATE: Please make and keep copies of original receipts, if expecting reimbursement for your organization or department.**

**1. Attach/enclose:**

* Original itemized receipts/invoices for all expenses for which you are requesting SCPF to disburse to your organization or department.

*(Copies of receipts are accepted from University departments.)*

* Receipts **must be taped** to 8.5” x 11” page(s) with **payee name written 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, simply fold the bottom of receipt under
* 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**:

Department Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CFOAP Account:

* Fund code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Organization code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Account code:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(required)
* 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**:

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.
* A Vendor Info Form is required for payment to be processed: https://www.obfs.uillinois.edu/payments-vendors-students/vendor-setup-update/
  + For questions, contact: ***University Payables Customer Service*** *217-333-6583*

After processing the paperwork, funds will be reimbursed to university accounts, please allow 2-4 weeks for processing.

***Please contact Alicia Robinson* *at*** [scpf@illinois.edu](mailto:scpf@illinois.edu) ***with any additional questions.***