Student Cultural Programming Fee
Funding Disbursement Form 2020-2021

Email all documents to SCPF@illinois.edu

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: $__________________________ |

1. Attach/enclose:
   - Itemized receipts/invoices for ALL expenses requested for reimbursement from SCPF to be disbursed to the organization or department.
     - (Copies of receipts are accepted from University departments.)
     - 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: ___________________________
   • 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 SCPF at scpf@illinois.edu with any additional questions.