<table>
<thead>
<tr>
<th>Contact person: ________________________________</th>
<th>Phone: ________________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>E-mail: <a href="mailto:______________________________________@illinois.edu">______________________________________@illinois.edu</a></td>
<td></td>
</tr>
<tr>
<td>Title of Event: ____________________________________</td>
<td>Event date: ___________________________</td>
</tr>
<tr>
<td>Funding Period (Application Deadline): ________________</td>
<td>Application Number: ________________</td>
</tr>
<tr>
<td>Total financial support allocated by the Student Cultural Programming Fee: $__________________________</td>
<td></td>
</tr>
</tbody>
</table>

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__________________________

(Ullic 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.**