

Request for Funds Form

Start Here	Student Council Info	Person/Vendor getting paid
	Treasurer name: _____	Vendor: _____
	Student Council _____	Contact Name: _____
	Phone _____	Address: _____
	Email _____	City/State/Zip: _____
		Phone: _____ Fax: _____
	UIN: _____	
	Email: _____	

Step 2	General Information			
	Meeting Title			
	Event Purpose			
	Date & Time			
	Location & Address			
	# of Attendees/ Names if less than 20			
	For travel grants, international students check here		For travel grants only, College of Medicine Student	
	Supplies Equipment Furniture Food Promotional Items Travel Grant Giveaways Reimbursement Vendor Payment Project Grant			
	Detailed Description	(Provide details for desired items or items ordered)	Quantity	Amount
	1			
2				
3				
4				
5				
6				
7				
ESTIMATED GRAND TOTAL =				

Step 3	Approvals	
	Treasurer's Signature _____	Date _____
	President's Signature _____	Date _____
	Student Council Advisor's Signature: _____	Date _____