

Organization Name _____

Contact Name _____ Email _____ Phone Number _____

Mission of Organization

Reason for Requesting Reimbursement

What does your organization bring back to UIC?

List Fundraising Events and/or Other Means of Obtaining Additional Funds (including dates)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Are you eligible for funding from the Student Activities Funding Committee (SAFC)?

Yes _____

No _____