

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 \_\_\_\_\_