

Please fill out the following and allow two to four weeks for the receipt of funds.

**CHECK REQUEST FOR:**

Full Name: \_\_\_\_\_ Student ID/SS#: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Type of Award Funding:**

Conference  SJRG  Student Group  Wellness Facilitator  Other: \_\_\_\_\_

*If these funds are to benefit a CIIS student group or wellness activity, please list:* \_\_\_\_\_

Location: \_\_\_\_\_ Number of Participants: \_\_\_\_\_

Conference Title: \_\_\_\_\_

Conference Description: \_\_\_\_\_

Date(s) of Conference: \_\_\_\_\_

**Please check your preference:**

Pick-Up Check at Business Office (5th Floor)

Mail to address: \_\_\_\_\_

**Please read and initial the following statements:**

\_\_\_\_ I have stapled original receipts of all expenses of the conference for reimbursement.

\_\_\_\_ All awards are taxable. If a taxpayer receives more than \$600 from CIIS in one calendar year, we are required to file a 1099 with the IRS. (Reimbursement for food and supplies are not award expenditures and thus not taxed.)

\_\_\_\_ I am submitting sign-up sheets, event flyers, and any relevant photos/materials that can be shared on the Student Alliance website.

\_\_\_\_ I agree to allow Student Alliance and CIIS Student Affairs to promote and publish my award and conference/event information via Student Alliance and CIIS communication channels (newsletter, website, board meetings, etc.)

**Please sign below and leave this form in the SA mailbox in Cubicle 430a.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To be completed by the Student Alliance Coordinator:**

Student is currently enrolled in the semester of application.

The event takes place in the semester of application.

Student was granted \$ \_\_\_\_\_ on \_\_\_ / \_\_\_ / \_\_\_\_\_ .

**Student Alliance Coordinator:** \_\_\_\_\_

**Student Group Fund Status:** \$ \_\_\_\_\_ spent of \$300/\$ \_\_\_\_\_ allotment.