

Request for Travel Funds

Organization Name: _____



Respond to the following for each program request form.

1) Please provide a description and purpose of requested travel:

2) Dates of travel:

3) Travel destination (city, state):

4) What are the registration or admission costs associated with this travel per person?

5) How many travelers will this budget request support?

6) What other funding sources, apart from student fees, will be used to support this travel?

Funding Type	Description	Amount
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- 7) Does this organization charge dues? If yes, what is the total amount collected annually?

- 8) How will this travel benefit the Illinois Central College community? Are there other communities (groups outside of ICC) served by this travel?

- 9) What strategies have or will the organization pursue to control costs associated with this travel?

- 10) If the organization does not receive funding or only partial funding, will participants still travel?

- 11) Name of advisor who will be traveling with the student organization (must be a current ICC faculty or staff member).

- 12) How does this activity support the mission of the College?

Individual submitting this form: _____

Individual's position within the student organization: _____

Phone: _____ Email: _____

*Return this form along with the Budget Form to Student Life Office, Room 303A, East Peoria campus.

Request for Program Funds



Organization Name: _____

Academic Year: _____

Respond to the following for each program request form.

1) Please provide a description and purpose of program:

2) Name of advisor who will be overseeing this event (must be a current ICC faculty or staff member)?

3) Who is the program's audience?

4) What strategies have or will the organization pursue to control costs associated with this program?

5) If this program does not receive funding or only partial funding, will the program still occur?

6) If the program does not occur, what will be the impact on the students of Illinois Central College?

7) How many students will be involved in implementing this program? (Including advisors)

Budget Worksheet

Request for Travel or Program Funds



Organization Name: _____

Fiscal Year _____

Budget Category	Budget	Description	Requested Amount	Approved Amount
Contractual (registration, entry/admission fee)				
Travel (vehicle, hotel, airfare, car rental, fuel/mileage, taxi, parking, public transportation)				
Commodities/Printing (misc. supplies, food/drink, printing)				
Income-Money the organization is contributing (fundraising, dues, department funding, gifts, co-sponsorship, other)				
Grand Totals				