

SUPPLEMENTAL FUNDING REQUEST FORM

Organization Name:

President:

Printed Name:

Signature (initials):

Treasurer:

Printed Name:

Signature (initials):

Date Submitted: XX/XX/XXXX

***NOTE:** Supplemental Funding Requests may only be submitted after a Student Organization has completely exhausted its Semester Budget allocation. Supplemental Funding Requests MUST be for events open to the ENTIRE student body. Supplemental Funding Requests will be evaluated on an individual basis.*

Date of Proposed Event: XX/XX/XXXX

Expected Number of Attendees: ##

Number of Members in your Organization: ###

Amount of Funds in your SBA Account: \$\$\$.\$

Amount of Funds in your Non-SBA Account: \$\$\$\$.\$

Description of Proposed Event:

Paragraph Description – What, Where, Who, etc.

Justification:

Paragraph Description – Why should the Finance Committee approve your request? Why is this event/travel/meeting needed and/or important?

Requested Costs Include:

List or Paragraph Description – Soda, Pizza, Gifts OR Airfare, Hotel, Taxi OR

Beer/Wine, Appetizers, Bartender OR...

Event Budget:

Please Provide Detail!!!!

Revenues - \$\$\$\$.\$\$

Expenses - \$\$\$\$.\$\$

Net – \$\$\$\$.\$\$

Organization Funding - \$\$\$\$.\$\$

SBA Requested Funding - \$\$\$.\$\$

Total Supplemental Request: \$\$\$.\$\$

Additional Comments:

Paragraph Description

**Please Submit this form via email to the SBA Treasurer,
Megan Mulherin – mmulheri@kentlaw.iit.edu**

ILLINOIS INSTITUTE OF TECHNOLOGY

CHECK REQUEST

Date: _____

Amount: _____

Payee*: _____

Address: _____

City/State/Zip Code: _____

*** ALL REQUIRED FIELDS TO BE FILLED OUT**

* Invoice Date	* Invoice Number	*Commodity Code	* Fund	* Org	* Acct	* Prog	* Net Amount
						Total	\$0.00

Description of Purchase/Expense:

Department Approval	SPECIAL INSTRUCTIONS
Print Name: Dawn E. Rupcich	
Signature	
Date:	
E-mail: drupcich@kentlaw.edu	
Date Rec'd: Controller Office A/P	



c/o IIT Chicago-Kent College of Law
 565 W. Adams St.
 Chicago, IL 60661
 (312) 906 - 5211

Instructions: For the **Banner FOP Budget Number**, please fill in the FOP that is intended to be charged for the catering event expense. It is critical to also include the correct **FOP Budget Name associated with the FOP Budget Number** provided. If you have any questions, please feel free to contact the DTC Office of Administration & Finance at extension 6-5100.

FOP Budget Number: (Fund – Organization – Program)		FOP Budget Name:	
Department Name (placing order):			
Contact Person:	Email:	Telephone/Extension:	
Event Date:	Time:	Room:	# of Guests:
Catering Details:			
Agreement Date:		Total:	

DEPOSIT SLIP

DEPOSIT DATE: _____

FUND NUMBER: _____

ORGANIZATION NAME: _____

RECEIPTS FROM: _____

CHECKS: **QTY:** () \$ _____

CREDIT: **QTY:** () \$ _____
CARDS

CASH

Hundreds	()	\$ _____
Fifties	()	\$ _____
Twenties	()	\$ _____
Tens	()	\$ _____
Fives	()	\$ _____
Ones	()	\$ _____
Sub-Total		\$ _____

Quarters	()	\$ _____
Dimes	()	\$ _____
Nickels	()	\$ _____
Pennies	()	\$ _____
Sub-Total		\$ _____

TOTAL CASH \$ _____

TOTAL DEPOSIT \$ _____

Name: _____

Received By: _____

Date: _____

POLITICAL ACTIVITY ON CAMPUS

The following has been taken from a letter from University Council, Mary Anne Smith, dated September 12, 2000, and is still in effect.

“ . . . it is important to review IIT’s obligation as a tax-exempt entity to refrain from engaging in any partisan political campaign. Violation of the prohibition against such activity could jeopardize IIT’s tax-exempt status.

While individuals are free to express their opinions and to support political candidates on their own, it must be clear that the individual is acting on his or her own behalf and not on behalf of IIT. In no event may the name, symbols, or resources of the University be used to participate or intervene in any political campaign on behalf of or in opposition to any candidate for political office.

Specific examples of impermissible activities are: using University letterhead, the campus mail, or IIT email accounts to solicit support or contributions for a candidate; using university funds to purchase tickets for a candidate’s fund-raiser; and putting campaign posters on university property.

Room Reservation Policies & Online Request Form

FOR INTERNAL IIT DOWNTOWN CAMPUS USERS ONLY

Room Reservation Policies

(Hide)

- All rooms are reserved on a first-come, first-serve basis by completing the form below.

This form must be submitted for each function you plan to hold.

No "standing" reservations will be accommodated for an entire semester. Any weekly events must be requested with this form and submitted **each week**.

An email confirmation from the Office of Administration and Finance will be sent to you within one business day from receipt of the properly completed form.

- When a major faculty- or administration-sponsored lecture has already been scheduled, **no other activities may be scheduled on that date**. Please check the online calendar before submitting your request to see what else is scheduled.
- **SPEAKERS BY STUDENT GROUPS:** Student groups considering inviting a speaker must check with the Office of Administration and Finance in room 265 BEFORE extending the invitation to ensure there will be no conflict with other groups or faculty/administration events. A temporary hold will be put on the space, if available, and you will be advised. Once you have confirmed the date, complete the online form below to make a permanent reservation. If the above procedure is not followed and an event conflict results, **YOUR SPEAKER WILL NOT BE ACCOMMODATED**.
- **REQUESTS TO SERVE ALCOHOL:** If you plan to serve alcohol at a function, you must submit a hardcopy of the **"Request To Serve Alcohol" form** to the Office of Administration and Finance in room 265 a minimum of two weeks in advance of the event. The form must be signed by a full-time faculty or staff member of your respective school. You will not be permitted to serve alcohol at your event unless the form is submitted and approved.

Request for Use of Space

Submission of this form indicates your acceptance of the policies above.

Date of event:

Time in: (actual start time; do **not** include set-up time)

Time out:

Your name:

Your email address: (use **iit.edu** email address only)

Department/Organization:

Number of rooms required:

Number of attendees expected:

Food served? ☐ Yes ☒ No

Alcohol Served? ☐ Yes ☒ No [\(if yes, click here for form\)](#)

Type of event (be specific):

Room Set-up Required? ☐ Yes ☒ No

Room Requested: ☐ 10th Fl. Event Room ☐ Front Lobby ☒ Other (Auditorium or a classroom)

For the 10th Floor Event Room or Front Lobby, **you must select from one of the standard set-ups listed below.** Any other set-up must be reviewed before approval will be given and a room confirmed.

10th Floor Event Room

- | | |
|--|--|
| <input type="radio"/> Event Room set-up 1 (view) | <input type="radio"/> Event Room set-up 5 (view) |
| <input type="radio"/> Event Room set-up 2 (view) | <input type="radio"/> Event Room set-up 6 (view) |
| <input type="radio"/> Event Room set-up 3 (view) | <input type="radio"/> Event Room set-up 7 (view) |
| <input type="radio"/> Event Room set-up 4 (view) | |

Front Lobby

- | |
|---|
| <input type="radio"/> Lobby set-up 1 (view) |
| <input type="radio"/> Lobby set-up 2 (view) |
| <input type="radio"/> Lobby set-up 3 (view) |
| <input type="radio"/> Lobby set-up 4 (view) |

Audiovisual Services Required? ☐ Yes ☒ No

Use this space to provide other information or requirements.

Submit Form

Clear Form

ILLINOIS INSTITUTE OF TECHNOLOGY
ALCOHOL SERVICE REQUEST FORM

Complete this form and forward to the appropriate dean or administrative officer and the business manager for approvals. No alcohol service can occur without the completion of this form in its entirety. Copies of this form will be retained by the business manager, dean or administrative officer and the hosting group.

SERVICE INFORMATION

Check below those who will be present and served alcohol:

- | | |
|--|---|
| <input type="checkbox"/> Faculty
<input type="checkbox"/> Staff
<input type="checkbox"/> Parents of Students | <input type="checkbox"/> Undergraduate students and their guests
<input type="checkbox"/> Other guests (please describe below)
<input type="checkbox"/> Graduate students and their guest |
|--|---|

EVENT INFORMATION

Date _____ Time _____ Location _____ Estimated Attendance _____

Purpose of event: _____

Comments: _____

HOST INFORMATION

Sponsoring group(s) and individual submitting request

Signature of Person Submitting Request	Title	Date
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Address	City	State	Zip	Telephone #
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NOTE: If sponsorship is by a student organization, a full-time IIT faculty or staff member must be present for the duration of the time alcohol will be served.

Signature of Individual in Charge	Title	Date
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Address	City	State	Zip	Telephone #
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PROVIDER INFORMATION

Any vendor providing alcohol service must be licensed and bonded in the State of Illinois. Please complete the following:

(company, contact person, address, and phone number)

ALL ALCOHOL SERVICE MUST BE IN COMPLIANCE WITH STATE OF ILLINOIS LAWS AND ALL UNIVERSITY AND STUDENT ORGANIZATION POLICIES. NO ALCOHOL WILL BE SERVED TO ANYONE UNDER THE LEGAL DRINKING AGE OF TWENTY-ONE. NO ALCOHOL WILL BE SERVED TO ANYONE WHO APPEARS TO BE INTOXICATED.

RESTRICTIONS (To be filled out by Dean of Students Office)

AUTHORIZATION

Dean or Admin. Officer	Date	Business Manager	Date
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Illinois Department of Revenue

Office of Local Government Services
Sales Tax Exemption Section, 3-520
101 W. Jefferson Street
Springfield, Illinois 62702
217 782-8881

August 27, 2010

FRANK R FIORITO
PURCHASING DEPT STE 201
3300 S FEDERAL ST
CHICAGO IL 60616

We have received your recent letter; and based on the information you furnished, we believe

IL INSTITUTE OF TECHNOLOGY
of
CHICAGO, IL

is organized and operated exclusively for educational purposes.

Consequently, sales of any kind to this organization are exempt from the Retailers' Occupation Tax, the Service Occupation Tax (both state and local), the Use Tax, and the Service Use Tax in Illinois.

We have issued your organization the following tax exemption identification number: E9990-0939-06. To claim the exemption, you must provide this number to your suppliers when purchasing tangible personal property for organizational use. This exemption may not be used by individual members of the organization to make purchases for their individual use.

This exemption will expire on September 1, 2015, unless you apply to the Illinois Department of Revenue for renewal at least three months prior to the expiration date.

Office of Local Government Services
Illinois Department of Revenue