WESTERN ILLINOIS UNIVERSITY

Supplement of Funds Request

Date of Request: _____

Organization Name: _____

Account #: _____

*Please Note: Any supporting documents should be attached to this form.

Expense Breakdown/Explanation:

INSERT EVENT NAME HERE	
INSERT SUB-EXPENSE HERE	INSERT DOLLAR AMOUNT HERE
INSERT SUB-EXPENSE HERE	INSERT DOLLAR AMOUNT HERE
INSERT SUB-EXPENSE HERE	INSERT DOLLAR AMOUNT HERE
INSERT SUB-EXPENSE HERE	INSERT DOLLAR AMOUNT HERE
INSERT SUB-EXPENSE HERE	INSERT DOLLAR AMOUNT HERE
TOTAL AMOUNT:	**INSERT TOTAL DOLLAR AMOUNT HERE**

Who will be the main target audience of this event?

What will be taking place at this event?

Where will this event be taking place?

When will this event occur?

Why was this event not included on the original budget request?

Please explain **how** this event relates to the organization's mission statement.

Is there any additional information you would like to provide?

Fiscal Agent Signature: _____ Fiscal Agent Signature: _____

President Signature: _____ President Signature: _____

Treasurer Signature: _____ Treasurer Signature: _____