

Fraternity & Sorority Affairs Fund Request Form

Group Name: _____

Date: _____

Requester's Name (President or Treasurer Only): _____

EXPENSES/FUNDING	<i>Whom are we paying?</i>		
National Organization: _____	UR Chapter: _____	Other (please specify): _____	

Amount: _____ Account Funds Requested From: ** 526 Gift Other-Name: _____

Description of Expense to be Funded: _____

Fund Requests Forms submitted without proper documentation will not be accepted and will result in a delay in processing*

The preferred order of transaction type:

1. Pay vendor/company directly via invoice
2. Reimburse fraternity or sorority bank account via **original** receipts and bank statement
3. Reimburse individual chapter member via **original** receipts and bank statement
(this should be a last resort and should be limited to emergency situation with the exception of travel)

Alumni Advisor Signature: _____ Date: _____

John DiSarro, Director of FSA, Signature: _____ Date: _____

**After your Alumni Advisor has signed, this form and its attachments can be sent by email to John.DiSarro@rochester.edu or delivered to Fraternity and Sorority Affairs at 201 Wilson Commons.*

***Approval of expenses is at the discretion of Fraternity and Sorority Affairs based on IRS guidelines for the appropriate use of charitable gift accounts.*

FOR OFFICE USE ONLY	PROCESSED BY: _____	DATE: _____	FAO & SC: _____
FORWARDING INFORMATION	<input type="checkbox"/> MAILED DIRECTLY TO PAYEE	<input type="checkbox"/> MAILED TO FSA ACCOUNTANT, TO BE PICKED UP BY GROUP	