

UIHS
 Special Events and Scholarships Committee
 Traditional Community Support Request for 'Financial Assistance'
Fund 042

Date Request Received by UIHS Staff		Request #	
Name of Community Person / Organization			
Address, City, State, Zip			
Area Code & Phone			
Email Address			
Type of Event			

Write a brief explanation for request:

List type of options for requesting support and amount for each option (if available) for consideration from Special Events and Scholarships Committee.

1.	\$
2.	\$

OFFICE USE ONLY

Date SES received request			
Group / Person (s) are clients at UIHS?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Organization associated with UIHS?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
MOTION	Made by		Second by
Approved <input type="checkbox"/>	Amount \$		
Denied <input type="checkbox"/>	Date processed payment request		Initialed
Hold <input type="checkbox"/>	Account 6499 - Site 07 - Section 900 - Fund 042		