



Rosalind Franklin University of Medicine and Science
 Executive Student Council
 3333 Green Bay Road Box 494
 North Chicago, IL 60064
 Phone: (847) 578-3000 ext. 7175
 Fax: (847) 775-6559 ATTN:ESC
<http://www.rfumsesc.org>



Request for Additional Funds

Date: ____/____/____

Name of Class/Organization _____

Account Number: 62-00-_____ -904102

Class/Organization Contact Person:

Name _____ Phone _____

E-mail _____

Amount Requested _____

How will these funds be used? (Be Specific - You may attach another sheet if necessary)

Why is the organization in need of additional funds? In particular, please address why this expense was not budgeted, how the organization has attempted to fundraise, and if not, why not. (Be Specific - You may attach another sheet if necessary)

Please attach a copy of your organization's budget for the academic year, including past expenses and revenue, as well as projected expenses and revenue

Will this be a recurring expense next year? Yes / No

Application Checklist:

- Complete application and sign on page 2
- Attach a copy of the class/organization's budget
- Contact the ESC Vice President (ESCVP@rosalindfranklin.edu) no later than 11:59 on the night prior to the ESC meeting and request to be placed under New Business to present your request to the Executive Student Council
- Submit application to the Executive Student Council President by Monday of the week previous to the Executive Student Council Meeting where the request will be presented to the entire Council.

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I confirm that all of the above information is correct.

Signature _____ Date _____

Applications must be received by the Monday of the week previous to the Executive Student Council Meeting where the request will be presented. Completed applications may be sent electronically to ESCPresident@rosalindfranklin.edu or a paper copy may be placed under the door of the ESC Office (G.671). Completed applications may also be mailed to ESC, but please leave extra time for mailed items as no exceptions will be made for mailed items received after the deadline. All applicable documents may also be submitted in electronic or paper format.

Please refer to the Request for Additional Funds Policy on the ESC website (www.rfumsesc.org) for complete information regarding additional funding requests.

Student Dean Use Only

Date Received by ESC: _____

Assigned Student Dean Reviewer: _____

- Contacted Student Group
- Contacted and received recommendation from ESC Treasurer

Date presented to Student Dean Cabinet: _____

Outcome:

- Approved – Amount \$ _____
- Denied
- Postpone to future month
- Request more information

If postponed to future month, date reviewed by Student Dean Cabinet: _____

Outcome:

- Approved
- Denied
- Other: _____

Application Status

- Complete

Approved by (signature) _____ Date _____

ESC Use Only

Date of Issue _____ Requisition Number _____ Amount \$ _____

Transfer from:

<u>Account Name</u>	<u>Account Number</u>	<u>Amount</u>
Executive Student Council Reserve	62-00-947501-904102	_____
_____	_____	_____

Transfer to:

<u>Account Name</u>	<u>Account Number</u>	<u>Amount</u>
_____	62-00-_____ -904102	_____