

**ACTIVITIES APPROVAL FORM****Office of College Activities****Southwestern Illinois College**(Must be submitted **three (3)** weeks before scheduled event)

Club Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Event Contact (s): \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Activity or Event Name: \_\_\_\_\_ # of Attendees \_\_\_\_\_

Event Date(s): \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_  
(Include Setup & Tear Down Time)

Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Location Preferences:

1<sup>st</sup> Choice: \_\_\_\_\_ 2<sup>nd</sup> Choice: \_\_\_\_\_

Please use an (X) to indicate items needed below:

Independent Contract Packet: \_\_\_\_\_ Dry Erase Board for Signage: \_\_\_\_\_

Popcorn Machine Contract: \_\_\_\_\_ Cash Box &amp; Contract: \_\_\_\_\_

Travel Packet: \_\_\_\_\_ Raffle Packet: \_\_\_\_\_

Will the group solicit donations from the community? \_\_\_\_\_

If yes, send an email to Haley Thompson, Director of Foundation at [haley.thompson@swic.edu](mailto:haley.thompson@swic.edu)  
and **copy** Amy Brockman, Director of Student Life at [amy.brockman@swic.edu](mailto:amy.brockman@swic.edu).Be sure to name the organization, the purpose of solicitation, contact information, and any other  
information at least three (3) week before the event...**Officer's Signature:** \_\_\_\_\_**SPONSOR NOTE:** College Regulations require a sponsor to be present at approved events.*I represent the organization sponsoring the event and I accept responsibility for this request.***Sponsor (Signature):** \_\_\_\_\_**Sponsor (Printed):** \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

**OFFICE USE ONLY:**

Activity Approved: \_\_\_\_\_ If not approved, REASON: \_\_\_\_\_

Director of Student Life: \_\_\_\_\_ Date: \_\_\_\_\_



# FACILITIES CALENDAR REQUEST

Southwestern Illinois College is a Tobacco Free Campus

(Effective July 1, 2015)

Belleville Campus:

2500 Carlyle Avenue, Belleville IL 62221

Sam Wolf Granite City Campus:

4950 Maryville Road, Granite City IL 62040

Red Bud Campus:

500 West South 4<sup>th</sup> Street, Red Bud IL 62278

PSOP:

201 North Church Street, Belleville IL 62220

## Directions

1. Advertising, publicizing, ticket sales, commitments for outside speakers, or contracts for any services should not be made until the activity or event has been cleared and facilities provided.
2. Please provide the information requested on this form, making sure all copies are legible. Authorization for facilities usage will be from the President's Secretary for Marsh Conference Room, Resource Conference Room, and Seibert Conference Room; Scheduling Coordinator for all other Belleville conference rooms, classrooms, labs and parking lots; Athletic Director for the use of gym and athletic fields; College Activities for use of Café, Theatre, student lounges, and hallways; Selsius for IS Building conference rooms; Provost Office for Granite City athletic fields; Vice Provost-Instruction Office for Granite City rooms; Red Bud Campus Executive Office for Red Bud rooms; PSOP Secretary for PSOP rooms.

Department Name/Organization:

Today's Date:

Office Number/Address:

Telephone:

Date(s) requested:

Attendance Expected:

Activity to begin (time):

Pre-event/Set-up Time:

Activity to end (time):

Post-event/Takedown Time:

Event Name/Purpose\*:

Sponsor\*\*:

\*\*Signature of Representative:

Signature of Dean:

Signature, Director of Student Life:

\* An additional long description can be posted, please include if desired.

\*\*Sponsor or their representative must be present for the duration of the activity.

Facilities Requested (check one):	BC	Marsh 1290	Seibert 3261	Resource 3262	Confer. Rm 2260	Theatre 2320	Gym (IM or VS)	3 <sup>rd</sup> Floor 3300	IS Bldg. 2009	Other

  

Check if network access is needed? (not available in all facilities)	RBC	Room 161	Horrell Confer. Rm 184	Perform. Arts Rm 198	Dining Area Rm 135	Video Confer. Rm 90	Lobby	Other

  

<input type="checkbox"/>	SWGCC	History Rm	Ranft Rm	Wilmsmeyer Rm	Commons Area	Video Confer. Rm 1636	Other	PSOP	Other

Approval Date:

Approved by:

Event Reference #:

Food Service Requested:

Contact Campus Dining Services, Belleville ext. 5549, SWGCC 618-931-5527

Audio-Visual/Video Conference Needs:

BC: Contact Audio Visual Department, ext. 5238, RBC: Computer Support, ext. 8110 or after 4:00 pm ext. 8114, SWGCC: Print Shop, ext. 6650; Video Conference Specialist contact ext. 5308

Special Room Arrangements:

Submit work order with request, BC: Physical Plant, ext. 5284, SWGCC: Physical Plant, ext.6676  
**Note:** All attached work orders will be sent by Approving Office (Ex: Selsius for IS Conf. Room)

Comments:

Copy Distribution: Original- Sponsor, Copies - Physical Plant, Public Safety, Information Booth(s), Approving Office

# Work Order

Please submit this form, after appropriate approval, to the Physical Plant Department as far in advance as possible.

Originator of Request:	Valerie Stoner	Phone # / Extension:	EXT. 5205
Date Submitted:		Date Service Needed By:	

## TABLE AND CHAIR REQUEST

EVENT: \_\_\_\_\_

LOCATION:

CONTACT NAME: \_\_\_\_\_

**MAIN COMPLEX - First Floor**

PHONE: \_\_\_\_\_

- ☐ Outside Cafeteria  
☐ Between Alcove and Lounge  
☐ Between Career Center and Public Safety  
☐ Outside College Activities Office

EMAIL: \_\_\_\_\_

**MAIN COMPLEX Second - Floor**

# OF TABLES \_\_\_\_\_

- ☐ Commons Area

# OF CHAIRS \_\_\_\_\_

**INFORMATION SCIENCE - First Floor**

SET UP DATE: \_\_\_\_\_

- ☐ Outside Library

SET UP TIME: \_\_\_\_\_

**LIBERAL ARTS COMPLEX - First Floor**

REMOVAL DATE: \_\_\_\_\_

- ☐ Outside LAC Theater  
☐ Lobby at South Entrance

REMOVAL TIME: \_\_\_\_\_

**LIBERAL ARTS COMPLEX - Second Floor**

- ☐ Outside Starbucks

Additional comments: \_\_\_\_\_

QUAD \_\_\_\_\_

OTHER \_\_\_\_\_

	Hours		
Labor - Maintenance:			
Labor -Custodial:			

Approval-Office of College Activities

Date



# Work Order

Log No.

(For office use only)

Please submit this form, after appropriate approval, to the Physical Plant Department as far in advance as possible.

Originator of Request:	Valerie Stoner	Phone # / Extension:	EXT. 5205
Date Submitted:		Date Service Needed By:	

Nature of Service : (Be Specific)

	Hours
Labor -Maintenance:	
Labor -Custodial:	

Approval- Director of Physical Plant

\*\*Approval – Vice President of Administrative Services

\*\*(For building alterations only)

## Student Club and Organization Flier and DMS Request Form

Club or Organization: \_\_\_\_\_

Event Name: \_\_\_\_\_

Event Date: \_\_\_\_\_ Event Time: \_\_\_\_\_ Event Location: \_\_\_\_\_

Cost, if applicable: \_\_\_\_\_ Proceeds to Benefit: \_\_\_\_\_

Advance Ticket Sales or Reservations Needed: \_\_\_\_\_ Are Tickets Available At The Door? \_\_\_\_\_

For Reservations Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Direct Inquiries For Ticket Sales To: \_\_\_\_\_

Detailed description of event: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional Information Contact, E-mail or Telephone: \_\_\_\_\_

Are you requesting a Digital Media Screen (plasma screens) for this event? \_\_\_\_\_

*Please note:* This sheet must be submitted at least **three (3)** weeks before your event.

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### FOR COLLEGE ACTIVITIES USE ONLY:

Completed By: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Date Flier Approved: \_\_\_\_\_ Date Approved: \_\_\_\_\_

Director of Student Life





## Cash Advance Procedures

In accordance with IRS Regulations, Board Policy 6009 (Travel Reimbursement) and the attendant Administrative Procedures (6009 AP) Section E, Cash Advances, the following is being called to your attention:

- 1) By accepting a Cash Advance, I am responsible for providing documentation (by evidence of a signed Travel Expense Voucher with all appropriate and available receipts attached) to substantiate that the Cash Advance was properly used in conjunction with college travel or purchases of needed items.
- 2) It is my responsibility to file documentation of the Cash Advance spent and the return of any unspent Cash Advance (as evidenced by a cash receipt provided by the Business Office cashiers) **within 30 days of the receipt** of the Cash Advance.
- 3) My failure to comply with the timely documentation and return of unused funds **will require the College to report this Cash Advance on my W-2 Wages and Tax Statement or other appropriate tax statement. In addition, I acknowledge that I will be prohibited from receiving any future cash advances.**
- 4) Requests for cash advances should be received by the Business Office no later than seven (7) working days prior to the day of travel and will be issued no earlier than three (3) working days prior to the day of travel.
- 5) Include the date of the actual event and the date the check is needed on the Payment Request Voucher.
- 6) Cash advances are limited to \$300. Any exceptions must be pre-approved by the Vice-President of Administrative Services. The Director of Purchasing can assist with direct billing arrangements.

I, \_\_\_\_\_, have read and agree to the statements above:  
(printed name)

Amount of Cash Advance: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Employee ID: \_\_\_\_\_

# Activity Payment Request Voucher

## Southwestern Illinois College

### Student Clubs & Organizations

Belleville Campus  
2500 Carlyle Avenue  
Belleville, Illinois 62221

Granite City Campus  
4950 Maryville Road  
Granite City, Illinois 62040

Red Bud Campus  
500 W. South Fourth Street  
Red Bud, Illinois 62278

Date: June 27, 2017

Club/Organization: College Activities

Invoice #:

Employee ID#

Invoice Date:

Amount:

Activity:

Please indicate date check needed:

Pick up Instructions:

Pay to:

Address:

City:

State:

Zip:

NOTE: Account Code AND DeptID REQUIRED.

Acct	Dept ID	Fund	Prog	Class	Proj/Grt	Amount

Signed:

Activity/Organization Sponsor

Signed:

Vice President for Student Development

Signed:

Director of Student Life

Signed:

Vice President for Administrative Services

Signed:

Campus Executive Director

Signed:

President

To be prepared in triplicate

Attachments: Invoice, Stapled to Original

Original - Business Office

Copy 2 - Activities Office

Copy 3 - Student Organization

# Travel Expense Voucher

## Southwestern Illinois College

2500 Carlyle Avenue  
Belleville, IL 62221

Printed Name: \_\_\_\_\_  
Employee ID#: \_\_\_\_\_  
Remit Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Department: \_\_\_\_\_  
Date: \_\_\_\_\_

### For Office Use:

Check # \_\_\_\_\_  
Check Date \_\_\_\_\_  
Voucher # \_\_\_\_\_  
Vendor # \_\_\_\_\_  
Travel Dates \_\_\_\_\_

#### Account Code AND DeptID Required

Acct	Dept ID	Fund	Prog	Class	Proj/Grt	Amount

Acct	Dept ID	Fund	Prog	Class	Proj/Grt	Amount

#### Purpose of Trip and/or Persons Entertained:

Illinois Arts Council Agency Poetry Out Loud State  
Competition\_\_Represented the Southern Ill. Regional Coordinators at

#### Special Handling Instructions:

#### Itemize Expenses for Each Day

Date	Destination	Lodging*	Meals/Tips**	Transportation (Miles or Rental*)			Other***	Total
				@	\$ 0.535	=	\$ -	\$ -
				@	\$ 0.535	=	\$ -	\$ -
				@	\$ 0.535	=	\$ -	\$ -
				@	\$ 0.535	=	\$ -	\$ -
				@	\$ 0.535	=	\$ -	\$ -
				@	\$ 0.535	=	\$ -	\$ -
				@	\$ 0.535	=	\$ -	\$ -
				@	\$ 0.535	=	\$ -	\$ -
				@	\$ 0.535	=	\$ -	\$ -
		Totals:	\$ -	\$ -			\$ -	\$ -

\* Original Receipts Mandatory

\*\* Original Receipts Mandatory if over \$15 per day

\*\*\* Original Receipts Mandatory if over \$10 per day

Note: Mileage Reimbursement Rate Effective 1/1/16

Grant Mileage rate may vary

Total Expenses	\$ -
Less Cash Advance	\$ -
Total Reimbursement Requested	\$ -

I certify that the above expenses were necessary and incurred in the performance of official functions.

Signed \_\_\_\_\_  
(Traveler Signature Required)  
Approved \_\_\_\_\_  
(Program Coordinator/Dept. Head)  
Approved \_\_\_\_\_  
(Dean)  
Approved \_\_\_\_\_  
(Director of Student Life)

Approved \_\_\_\_\_  
(Vice President)  
Approved \_\_\_\_\_  
(Vice President Admin. Services)  
Approved \_\_\_\_\_  
(President)

District 522 will not reimburse first class fares when coach or tourist fares are available. Cost of alcoholic beverages, fines or traffic tickets, insurance on luggage, or costs of spouse or others who accompany traveler will not be reimbursed. District 522 assumes no responsibility for lost, stolen, or damaged items. Any unused cash advance must be returned to the college within 30 days.



# Southwestern Illinois College - Deposit Receipt

2500 Carlyle Avenue

Belleville, IL 62221

Dept. Name: College Activities

Total Deposit:

(Sum A+B+C+D)

Description:

Account #: 590980

Received by:

Dept. #:

Date:

Proj/Grant: G00000

Fund Code: 10

Program: 3060

Class: 100

## Coins

## Cash

## Checks

Pennies

1's

Nickels

5's

Dimes

10's

Quarters

20's

Halves

50's

Dollars

100's

C) CHECK TOTAL

## Money Orders

D) MO TOTAL:

A) TOTAL:

B) TOTAL:

SIGNATURE DATE