



SIGMA CHI CANADIAN FOUNDATION

CONFIRMATION OF COSTS - CHAPTER HOUSE or EDUCATIONAL PROJECT

Return Form to: DOUG TOWERS, FOUNDATION CHAIRMAN
10 Willowood Court, Toronto, ONT M2J 2M3

submitted upon completion of project expenditures

please type or print neatly

Chapter Name: _____ University: _____

Address: _____
(street) (other mailing info)

(date)

(city)

(province)

(postal code)

TYPE OF PROJECT: _____

FUNDING PROGRAM: _____
(Name of Program or Chapter Specific Fund - Enquire of Foundation Chairman Re Availability)

DESCRIPTION AND BENEFITS SUMMARY: _____

(Please include a brief description of the benefits expected for both the local chapter and individuals - use reverse for more space)

ACTUAL COSTS:	Equipment Name and Description:	COSTS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL INCURRED COSTS FOR THE PROJECT:		_____

(if space is insufficient - use reverse and simply write total cost here - copies of receipts must be included)

GRANT:	Total Cost of Project (from above section):	_____
Enquire of Foundation Chairman regarding amount of funds which are available for your project.	Amount (if any) contributed locally: (subtract)	- _____
	Amount Applied for Foundation Funding: (net)	= _____
FINAL CHEQUES:	Less Advance (if any) Already Received for Project:	- _____
If the Advance Received is GREATER than actual costs, a cheque for the excess must be returned to the SCCF.	Final Funding on Confirmed Completion of Project:	_____
	Date project completed: _____ (date)	_____

Signatures: FOR CHAPTER HOUSE PROJECT:

House Corporation Officer signs to approve Chapter House Project, and the use of chapter funds identified herein for this purpose

FOR CHAPTER EDUCATIONAL PROJECT:

Chapter Advisor signs to approve Chapter Educational Project, and the use of any Current chapter funds, in addition to any basic Foundation program funding available for this purpose

(Consul) President

(Quaestor)

(House Corporation Officer - sign & print Position)

(Chapter Advisor)

Note: This section will be completed by the Program Administrator at the Foundation

Funding Sources:	Amount
Applicable Foundation Program: _____	_____
Additional Funds From: _____	_____
Additional Funds From: _____	_____
Total Approved Funding for Project:	_____

Approved By Funding Committee: _____
(signature of Funding Committee Chairman)

Date: _____