

SIF POST-INITIATIVE REPORT FORM –UPDATED APRIL 2019

A. Overview & Contact Information

Name of Initiative		
Date of Initiative		
Submission Date of Post-Initiative Form (Note: 30 days following project completion)		
Total Amount Approved by SIF (\$)		
Total Amount Advanced by SIF (\$)		
Balance Submitted to SIF for Reimbursement (\$)		
Enter full legal name/organization this amount is payable to (cheque can't be reissued). If the fund need to be transferred internally to department, contact SIF office		
Full Name of Primary Contact (this must be the same primary contact as the initial application)		
Email		
Telephone Number		
Which other funding bodies did you receive funding for this initiative?	<input type="checkbox"/> FAS DSIF <input type="checkbox"/> HH GIF <input type="checkbox"/> UTSU <input checked="" type="checkbox"/> Other:	
SIF committee will NOT fund initiatives that does not reflect its Terms of Reference, which include an initiative that:		
<ul style="list-style-type: none"> Is for the purpose of fundraising Is held outside of the University of Toronto Community, i.e. an application is submitted by a University of Toronto St. George student on behalf of his/her community based organization Involves personal expenses Includes alcohol-related expenses Is capital in nature, unless the capital is used for the formation of a new student club Is for general operating expenses of student clubs or organizations, i.e. SIF is intended for projects/events/activities Is from an applicant who has not submitted the post-project reports for previous SIF-funded projects Excludes any student or student group from participation Requires event planning and risk management practices, and these have not been applied 		
<input type="checkbox"/> By checking this box, I confirm that any invoices, itemized receipts, or supporting document does not violate SIF Terms of Reference as listed above.		

The original invoice or receipt must be attached to this form indicating expenses incurred for SIF reimbursement. The following information must be included on the invoice/receipt:

- 1) Total purchased amount
- 2) Detailed items purchased (please ask vendor if they don't provide it)
- 3) Payment proof /method of payment – i.e. paid cash or credit card/debit card (attach 4 or 5 below)
- 4) Credit card transaction receipt indicating last 4 digits of your credit card number, or a copy of the credit card statement showing the charge and the name of the cardholder* (i.e. Visa or Mastercard bill – all non-relevant items may be blackout for privacy)
- 5) Bank account statement showing the name of the cardholder* (i.e. debit purchases – all non-relevant items may be blackout for privacy)

* Cardholder should be either primary or secondary contact

Note: receipts will not be returned

The following will **not** be accepted as proof of purchase(s):

- × Documents that list an estimate, quote, price list or tender
- × Scanned or photocopied receipts (must be original and itemized)

Note: It takes approximately 35 days for a cheque to be provided after this post-initiative form is submitted.

B. Updated Budget Summary

Revenue	
Source	Amount
	\$
	\$
	\$
	\$
	\$
	\$
Total Revenue	\$

Please include revenue you receive for this initiative from ALL sources here.

** Revenue from sales of ticket or pizza etc. must be listed here.

Expenses

Please list each receipt, do not group receipts together. Only list SIF expenses here.

**** Claimant Declaration:**

I certify that I have incurred the expenses claimed, they are in compliance with Student Initiative Fund (SIF) Terms of Reference or Guiding Principles, & have not been claimed through other sources.

Signature of Claimant

Print Name

C. Event Documentation

The SIF Committee requires documentation you may have for the funded initiative to be attached to this post-initiative report.

These documents **must** include:

- Written summary/reflection (250 words max.)

And may also include:

- Pictures
- Testimonials
- Press Releases
- Anything you think the SIF committee can view!

Written summary/reflection (250 words max.)

Application No.

D. Digital Signatures

Primary Contact Full Name

Secondary Contact Full Name