

EXTENSION FUNDING REQUEST FORM (ICC)

Name of Organization: _____

Event/Expenditure: _____

Projected Date for Expenditure: _____

Amount of ICC Funds Awarded: _____

Contact Person: _____

Phone Number of Contact: _____

Reasons for Extension:

Signature: _____ Date: _____

Signature: _____ Date: _____

For ICC use:

Approved by: _____ Date: _____