

Budget/Appropriation Request

Semester: _____ Year: _____

PLEASE TYPE OR PRINT CLEARLY IN BLACK INK

Organization Information

Name of Organization: _____

Number of Active Members: _____ # of Semesters as a Registered organization: _____

Name of Organization President: _____ Phone #: _____

Local Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

Name of Student Submitting Request: _____ Phone#: _____

Local Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

Name of Faculty/Alumni Advisor: _____ Phone# _____

On-Campus Address: _____

E-mail Address: _____

Date Organization Registered on Campus this year: _____

Check the appropriate box below for type of funds requested. If unsure see chapter 700 in the Lowdown or ask your SGA representative.

Appropriations

Co-sponsorship

Financial Information

Amount of funds received from SGA this school year (include summer semester) \$ _____

Organization on-campus account number (if any) _____

For Office Use Only:

Amount Requested \$ _____ Recommended Amount \$ _____ Attachments _____

Registered Organization _____ Funds Received to Date \$ _____

Why EC recommended less than amount requested: _____

Please list funds obtained by your organization, as follows:

	This Semester	This school year (since summer semester)
Local Dues	\$ _____	\$ _____
Fund Raisers	\$ _____	\$ _____
Donations	\$ _____	\$ _____
Other Sources	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____

Total cost of project(s) being sponsored by your organization this semester **(please attach an itemized expense list)** \$ _____

Total Funds Requested from SGA \$ _____

Indicate below the projects for which you are requesting funds **and include other fund raising plans:** _____

Project Information

Name and nature of project(s) for which money is being requested: _____

If Chapter 701.1 of Code-of-Laws applies, please indicate which requirement is met: _____

Potential benefits to membership: _____

Potential benefits to student body: _____

Is an itemized price list estimate attached? **(REQUIRED)** Yes _____ No _____

I have received a copy of the Code-of-Laws and regulations concerning allocation of SGA funds. I have read these rules and regulations before filling this out this form.

I understand that requests for reimbursement funds must include original receipts and a completed organization receipt form, which provides the names and student ID numbers of all participating members. These forms are available in the SGA office.

I understand that a representative of my organization who is knowledgeable of the project must attend the SGA budget/appropriation meeting in order to qualify to receive funding.

Signature of person submitting request:

Treasurer's meeting with organizations: _____

Deadline to submit requests for SGA funds: _____

Date to Budget Meeting: _____

******PLEASE KEEP A COPY OF THIS FORM FOR YOUR ORGANIZATIONAL RECORDS. YOU WILL WANT TO REFER TO IT WHEN FILLING OUT YOUR FORM NEXT TIME. DUE TO THE VOLUME OF REQUESTS, SGA CANNOT PROVIDE COPIES. ALSO KEEP A COPY OF ALL ORIGINAL RECEIPTS TURNED IN TO SGA.******

★SGA CAN PAY FOR THE FOLLOWING:

- TRAVEL- up to \$350.00 per person in one year for travel expenses incurred while attending a conference or educational seminar for the following:
 - Hotel/Lodging
 - Plane Ticket
 - Car Rental
 - Conference Registration Fees
- *SGA cannot pay for meals or gas expenditures.
- SPEAKER FEES
- UNIFORMS
- PHILANTHROPIC EVENTS
- T-SHIRTS(please see The Lowdown for restrictions)
- SEMINARS
- EDUCATIONAL MATERIALS
- RENTAL FEES
- SECURITY FEES

★SGA CANNOT PAY FOR THE FOLLOWING:

- GAS
- ALCOHOL
- FOOD*
 - *Allocation of food and drinks can only be provided for events directly co-sponsored by SGA
- AWARDS OR PLAQUES

*Please carefully read sections pertaining to funding and allocations in ***The Lowdown*** for more information.