



SGA MATCHING FUNDS REQUEST BY STUDENT CLUB OR ORGANIZATION

Name of Organization _____

Date of Request _____ Amount of Funds Requested \$ _____

Purpose for Funds _____

If funds are to be used for an event please complete A and B

A) Official Name of Event _____

B) Date and Location of Event _____

Name & Position of person requesting funds _____

Name of Advisor _____ Signature of Advisor _____

Itemized Estimate of Expenses for Requests of Funds					
Item	Cost	Item	Cost	Item	Cost
1	\$	6	\$	11	\$
2	\$	7	\$	12	\$
3	\$	8	\$	13	\$
4	\$	9	\$	14	\$
5	\$	10	\$	15	\$
Total	\$		\$		\$

List of Attempted Fundraisers (Revenue)	Date	Revenue
1		\$
2		\$
3		\$
4		\$
Total		\$

List of Expenditures	Date	Cost
1		\$
2		\$
3		\$
4		\$
Total		\$

Revenue - Expenditures = \$ _____

Will you have any more fundraisers before the event (circle one) Yes No
 If yes how many _____

Is your club in good standing according to the Campus Life Handbook? (Circle one) Yes No

Is there other information about your club/event that we should consider when processing this request?

Signatures

Approved SGA Treasurer _____ DATE _____

Approved SGA Advisor _____ DATE _____

How many times has this Club requested funds? _____

SGA use only

Name of Club _____ Date _____

Purpose of Request _____

Circle One

Approved Denied

Why was this request approved/denied?

SGA Treasurer _____ Date _____

SGA Advisor _____ Date _____

SGA will only match up to \$1000 per academic year depending on available funds.