

STUDENT ACTIVITIES BUDGET REQUEST form

Requestor:

Group:

Email:

Phone:

Did you receive Student Activities Funds last year? ___Yes ___No (If 'Yes' please attach a Budget Report)

Proposed Project or Activity: (Please use the back of this sheet or include attachments as needed.)_____

How will students benefit from the use of these funds? (Please include # of students to benefit.):_____

PROPOSED BUDGET

Account # (if known)	Budget Category	Amount Requested	Explanation
TOTAL			

Requestor's Signature Date

Supervisor's Signature Date

Vice President's Signature Date

*Please Return SIGNED form to the Student Life Office.
Funds Requests must be submitted by DEADLINE for consideration.*