Student Government Association

SHORT-TERM BUDGET REQUEST

Organization

Please use only one form per budget request. If you have multiple budget requests, use a separate form for each one.

Date Unrestricted Funds	
Telephone Number	
President/Email	
Treasurer/Email	
Representative/Email	
Advisor	

For Senate Use Only:		
□ Approved □ Denied □ T	abled	
Stipulation:		
Event/Item A: Date of event: Ope	on to Compage DVoc DN	NI a
	en to Campus: □Yes □N	NO
Description/Breakdown of Requested Item(s)	Cost	-
		\exists
Total Event Cost		
Club Contribution		4
Amount Requested		Щ
Event/Item B:		N. T
	en to Campus: □Yes □N	No
Description/Breakdown of Requested Item(s)	Cost	4
		-
		-
Total Event Cost		
Club Contribution		
Amount Requested		
Event/Item C:		
Date of event: Ope	en to Campus: □Yes □N	No
Description/Breakdown of Requested Item(s)	Cost	_
		_
		+
Total Event Cost		-
Club Contribution		$\exists $
Amount Requested		1

Member's Signature: _____ Advisor's Signature: ____