

SBA Treasury
2009-2010 Supplemental Funding Request Form



You are submitting this request for Supplemental Funding to the Appropriations Committee. Requests are granted on the basis of need and the availability of resources. Only signatories may submit requests for supplemental funding. If you are not satisfied with the decision recommended by the Appropriations Committee, you have the right to appeal that decision to the full BOG at its next regularly scheduled meeting.

This form should be returned to sbasupplemental@gmail.com or left in the Treasury Inbox in the SBA Suite on the 4th Floor at least three (3) days before the appropriations committee meets.

Contact Information:

Signatory Name: _____ Title: _____

Organization Name: _____ Date Submitted: ___/___/___

Phone Number: _____ Email: _____

Signature: _____

Financial Information:

Total Amount Requested: _____

Initial Budget: _____ Amount Remaining: _____

Has this organization been granted supplemental funding this academic year:

Yes:

No:

Amount:

Date: ___/___/___

Request:

1. Please provide the following:

Date of Event: (if applicable) _____

Location of Event: (if applicable): _____

Estimated Attendees: (if applicable) _____

2. Describe the purpose for which these funds are being requested. Provide as much detail as possible:

3. What will be done if the funds are not appropriated?

Provide a specific breakdown of all costs associated with this supplementary funding request. (Please use other pages if necessary)

5. Provide a list of all events, meetings, travel, co-sponsorships, etc. prior to this supplementary funding. Be sure to include a breakdown of all costs associated with each event. (Please use other pages, if necessary)