SGA FORM-02 FUNDS REQUEST FORM

STUDENT GOVERNMENT ASSOCIATION Established 1935 Kentucky State University

Fill out the form below and Please Print Clearly
University Information
NAME/ORGANIZATION:
NAME/ORGANIZATION: ORGANIZATION PRESIDENT:
ORGANIZATION ADVISOR:
ORGANIZATION ACCOUNTNUMBER:
ORGANIZATION CONTACT NUMBER:
UNIVERSITY RECOGNIZED ORGANIZATION: TYES TNO
CIVIVERSITI RECOGNIZED ORGANIZATION. TES THO
Fund Request Information
FUND REQUEST TYPE: DONATION SPECIAL NEED
FUND AMOUNT REQUESTED: \$
TOND AMOUNT REQUESTED: \$
EVENT TITLE/PUPROSE OF REQUEST:
EVENT TITLE/PUPROSE OF REQUEST: IF SO, AMOUNT WERE ANY PREVIOUS FUNDS RAISED: IF SO, AMOUNT
DATE NEEDED:
DATE NEEDED
EVENT/PURPOSE DESCRIPTION:
BVENTA GIR GGE BESCRI TION.
WILL ORGANIZATION GENEREATE REVENUE FROM EVENT: \Box YES \Box NO
WILL SGA GENERATE REVENUE FROM EVENT: YES NO
WILL FUND REQUEST BENEFIT STUDENT BODY: \square YES \square NO
IF SO, HOW:
I AM POSITIVE THAT TO THE BEST OF MY KNOWLEDGE THE ABOVE STATED
INFORMATION IS ACCURATE:
Name/Organization President Organization Advisor Only(Organization Only)
OFFICE USE ONLY
Date Received: SENATE PASSED AMOUNT: SENATE CHAIR SIGNATURE:
SENATE FAILED AMOUNT: SENATE CHAIR SIGNATURE: TREASURER SIGNATURE:
PRESIDENT VETO: YES NO PRESIDENT SIGNATURE: