University Information
NAME/ORGANIZATION:
ORGANIZATION PRESIDENT:
ORGANIZATION ADVISOR:
ORGANIZATION ACCOUNT NUMBER:
ORGANIZATION CONTACT NUMBER:
UNIVERSITY RECOGNIZED ORGANIZATION: □ YES □ NO

Fund Request Information
FUND REQUEST TYPE: □ DONATION □ SPECIAL NEED
FUND AMOUNT REQUESTED: $

EVENT TITLE/PUPOSE OF REQUEST:
WERE ANY PREVIOUS FUNDS RAISED: IF SO, AMOUNT
DATE NEEDED:

EVENT/PURPOSE DESCRIPTION:

WILL ORGANIZATION GENERATE REVENUE FROM EVENT: □ YES □ NO
WILL SGA GENERATE REVENUE FROM EVENT: □ YES □ NO
WILL FUND REQUEST BENEFIT STUDENT BODY: □ YES □ 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 TREASURER SIGNATURE:
PRESIDENT VETO: □ YES PRESIDENT SIGNATURE: □ NO