

BUDGET REQUEST FORM

Submit to Kanbar 308 SGA mailbox or email sgafunding@philau.edu **We request you to fundraise for all events

Date Submitted:	SGA Use Only Is the Organization Registered Submitted 3 weeks prior to event Is the Group Fundraising: Was an Organization Officer Present Amount Requested: Approved: Denied:
Organizational Officer's Name Printed: Signature of Organizational Officer: Signature of Advisor:	

Please answer thoroughly all the questions below. Use this sheet or attach a separate sheet.			
TOTAL	AMOUNT REQUESTED:		-
1.	Is this request for an on-campus activity? Y	N	
2.	Is this request for an activity open to the entire campus?	Y	Ν
3.	Has your organization done fundraising? If so what?		
4.	Does your organization have an account? Do you know the second seco	ne bala	alance?
5.	5. Will your organization be contributing funds to this activity? If so, what? If not, why?		
6.	Are there any other funds being requested and/or commit	ted fo	or this activity? If so, what?
7.	Please describe the event with as much details as possib	e?	
8.	Please list expenses and/or an explanation of the monies	reque	ested.

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