

REQUEST FOR SPECIAL FUNDING

Organization _____ Date _____
 Purpose and Justification of activity (may attach to separate sheet)

 Date of activity _____ Mode of travel _____
 Numbers of participants _____ (also attach a list of participants including SS#)

Costs to include	Cost per Participant	Total Cost
Transportation - may be detailed at right		
Lodging Room Rate _____ # of rooms _____ # nights _____		
Other Expenses* (detail at right)		
Total cost of activity		
Departmental Contribution		
Organization's Contribution		
Individual's Contribution		
Total Contributions		
Amount of Request (total cost-total contribution)		

*Detail-Transportation and other expenses

Amount Allocated _____
 SAC Chair _____
 (Signature) (Date)

_____ (Type or Print)

Organization President Telephone Faculty Advisor Telephone

_____ (E-mail)

_____ (Signature)

Send form to Student Activities Office