

Abilene Christian University

Students' Association ACU Box 27819 Abilene, Texas 79699 325.674.2826 Fax 325.674.2200 www.acustudents.org

Request for Appropriations Appointment

ast Name	Fir	st Name	Middle Na	ıme
ddress			E-mail Address	
Line 2			Organization	
ity	State	Zip		
Purchase De	etails			
Item(s)			Vendor	Cost
			Shipping & Ha	bTotal indling
Reason for Purc	chase(s)			

General Information		
Were any of the items requested above in your organization's SA Budget Request at the beginning of the semester?	Yes	No
Are the funds requested going to help purchase items that are already going to be partially paid for by SA?	Yes	No
Are the items requested going to be used for a project/activity that is already receiving some funding from SA? If yes - what project/activity?	Yes	No
Schedule Appointment		
Please select the month and week you are requesting an appo Appropriations Committee.	intment with the	
Additional Comments		
>		
Please Read This Section		
*Upon the Treasurer's office receiving this request the sender email confirming the appointment with the Approriations Con *The organization requesting funds is permitted to submit add proposal. Please do so 24 hours prior to appointment with th	nmittee. itional information/form	
FOR OFFICE USE ONLY		
Date Received		
Date of Appointment with the Appropriations	Time	
Date Email Notification was Sent		
Treasu	rer / CFO	