

## **File For Funds**

Florida International University• Bay Vista Hall Council
A&S Business Office WUC 141
Phone: (305) 919-5223 • Fax: (305) 919-5771
MUST BE TYPED AND SUBMITTED 3 WEEKS IN ADVANCE

Office Use Only		
Req:		
PO:		
Rcpt:		
Vchr:		
Pd:		

Amount Requested	Vendor Information		
\$	Name:		
Event Date		Address:	
Mon Day Year  Date Funds are Needed	Phone:	Fax:	
Mon Day Year	-	543140005	
Start Time <sub>□AM</sub>	Organization/Department Information		
: □PM	Department Name: Bay Vista Hall Council		
End Time ☐AM	Requestor's Name: Position in organization:		
: □PM			
Event Location	Address or Rm. #:		
	Phone: Email:		
	I HAVE READ THE SGA FINANCE CODE(Please place check mark on line)		
Please explain how the money will be used:			
Club/Organization Signatures  (Person requesting funds) Organization Representative: CL ACCOUNTING – DATE STAMP:			
(Ferson requesting rands) Org	amzation nepresentative.	<u>CL ACCOUNTING – DATE STAMP:</u>	
Date:			
BVHC Advisor			
Director of Campus Life	te:		