

SGC FINANCIAL PROPOSAL FORM

Date _____

Council, Committee, Club, Department _____

Amount Of Request _____

Date of Event _____

Explain what money is for

Purpose: Travel

Registration Fee

Paraphernalia

Food

Other

(Note: If registration/travel applies, please attach names of participating individuals.)

General Information on Club/Organization (if not a SGC, SPC or SOC)

Other Sources of Income for Event

Expenditures/Budget for SGC funding

NAME/DESCRIPTION	AMOUNT

NAME/DESCRIPTION	AMOUNT

Explain benefit to the FIU student Body

Contact Information:

Student's Name _____

Signature _____

Student's Email _____

Date _____

Phone Number (H) _____ (C) _____ (W) _____

DO NOT WRITE BELOW THIS LINE

Date Received _____

Date Processed _____

Amount Funded _____

Chair's Signature _____