

Associated Students of Chabot College  
Request to Match Funds

Please Print Clearly

Today's Date: \_\_\_\_\_

Club/Organization Requesting Matched Funds: \_\_\_\_\_

Club Account Number: \_\_\_\_\_

Student Contact: \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_ (See Finance Code for funding parameters)

Provide a brief description of fundraising event.

(Please be very specific, provide items sold, dates, times and location of event.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Requestor: \_\_\_\_\_

Signature of Club/Organization Advisor: \_\_\_\_\_

Signature of Controller/ICC Chair /ASCC President: \_\_\_\_\_

Attach any necessary supporting materials including receipts, flyers, advertisements,  
and purpose of funding.