

**Minnesota State University, Mankato
Student Activity Fund
Non-budgeted Funds Request**

Name of Organization _____

Contact Person _____

Phone Number _____

Date of Event _____

Location of Event _____

Description of the Event _____

Date and Time of Departure _____

Date and Time of Return _____

Number of MSU Students Attending _____

Number of Non-MSU Students Attending _____

Number of Faculty Attending _____

Is there a time deadline to this request and if so, when? _____

What benefit would MSU Students receive from the use of these funds?

Why do you feel Student Activity Fees should pay for your event?

TOTAL SAC REQUEST

\$ _____

Please fill out the budget on the back of this sheet or attach a COMPLETE budget on a separate sheet. When you have completed this form please return it to Mike Hodapp in CSU 220.

Expenses

Transportation \$ _____

What type and how many miles? _____

Fees (Conference, Registration, etc.) \$ _____

_____ (# People) x _____ (Total Cost of Fees)

Meals \$ _____

_____ (# People) x _____ (Daily Cost) x _____ (# Days)

**Meals for RSO trips are not paid for by SAF funds.

Lodging \$ _____

_____ (# Rooms) x _____ (Daily Cost) x _____ (# Days)

Other Expenses: How much and why are they needed? \$ _____

TOTAL EXPENSES \$ _____

TOTAL EXPENSES LESS MEALS \$ _____

Revenue/Income

Expenses paid for by organization \$ _____

Expenses paid for by fundraising \$ _____

What were your fundraising efforts? _____

Expenses paid for by MSU administration \$ _____

Expenses paid for by donations \$ _____

Other revenue \$ _____

How much did you receive and from where? _____

TOTAL REVENUE \$ _____

Expected contribution by students if request is fully funded \$ _____