



Office of Student Activities
 Landon Student Union, Suite 206
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 Miami Shores, FL 33161
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Club/Organization Funds Request

*For educational programs or leadership development/training purposes only
 **All organizations must have a bank account in order to receive funding

Date: _____

Name of Organization: _____

Name of SOC Representative: _____

Phone Number: _____ E-mail Address: _____

Name of Treasurer: _____

Phone Number: _____ E-mail Address: _____

Total Needed for Event	+
Total Raised By Organization	-
Other Sources of Funding	-
Total Requested	TOTAL

1. Please briefly explain how the proposed allocation will be spent (include date/s, time/s, and location/s of event/s).

2. Please provide a detailed breakdown of the expenses related to this request (the program's budget). You may add extra sheets if necessary.

Item	Cost

3. What has your organization done to raise its own funds for this event (each organization is expected to make an attempt to raise money for the event before coming to SOC to request funds)?

DO NOT WRITE BELOW THIS LINE

1. Is the organization in good standing with SOC? YES NO

2. Student Organization Council vote: YEA NAY

SOC Treasurer

SOC President

Date

3. Student Government vote: YEA NAY

SGA Treasurer

SGA President

Date