

## Allocations Request Form

Name of Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please type the following information from this checklist on separate piece of paper

\_\_\_\_\_ List all officers, phone numbers, and email addresses

\_\_\_\_\_ List the events or activities your organization has sponsored in the past with money from SGA allocation funds

\_\_\_\_\_ List your plans for this Allocation for the upcoming year

\_\_\_\_\_ Include the number of active members in your organization

\_\_\_\_\_ Explain in detail items listed under Expense I

**Important Note:** You must include a copy of your organization's account balance from the business office (and off campus if applicable)

**Signature of Advisor:**

\_\_\_\_\_

**Date:** \_\_\_\_\_

## Allocations Request Form

**Name of organization:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Income:** List all expected income. Be as specific as possible:

**Expense I:** List how your organization will use the SGA allocation. Again, please be specific.

**Expense II:** List planned expenditures for the academic year not funded by SGA grant.

1.	
2.	
3.	
4.	
5.	\$
6.	\$
7.	\$
8. Dues (if any), # of members times fee per person=income from dues	
<b>Projected Total Income</b>	

1.	
2.	
3.	
4.	
5.	
6.	\$
7.	\$
8.	\$
<b>Projected Expenses Funded by SGA</b>	

1.	
2.	
3.	
4.	
5.	
6.	\$
7.	\$
8.	\$
<b>Other Projected Expenses</b>	