

Club Additional Funds Request

Club(s) Name: _____

PNC Account Number: _____

According to the Constitution and By-laws of the LECOM Student Government Association, the SGA will provide funding to clubs and organizations for some qualified expenses. The following form is to be submitted by the treasurer of the club seeking funding to the F&FC prior to the monthly F&FC meeting for review.

Note: SGA will generally **MATCH up to 50%** of the total cost of a non-conference event that is equally open to all MEDICAL students. This is dependent on the budget situation and the number and amounts of previous requests made by the club. **SGA DOES NOT REIMBURSE FOR ANY EXPENSES.**

F&FC Decision: _____
Date: _____

SGA General Council Decision: _____
Date: _____

Total Amount Requested:

\$

Please complete the following:

Section 1: Overall Purpose (check all that apply)

- Fundraiser
 Charitable Activity
 Club Meeting
 Club Meeting w/ Speaker
 Out of School Speaker
 Conference (You must complete **Section 2**)
 Other Expense: _____

Date(s) of event: _____

Estimated number of Attendees: _____

Please provide a brief description of this event: _____

Section 2: Conference Funding (only complete if you checked conference in section 1)

Is this club attending concurrently with another LECOM organization attending this conference? Yes No
 If Yes, which club(s)/organization(s): _____ Are they requesting SGA funding? Yes No

Active Conference Dates: _____ - _____

Please include:

- (a) Total Conference Days: _____ (a)
 (b) Number of Students: _____ (b)
 (c) Multiply (a) x (b) x (\$25 per diem) \$ _____ (c)
 (d) Conference Registration Fees for the Group: _____ (d)
 (e) Add line (c) + line (d):

Approx Cost of Hotel: \$ _____
 Approx Cost of Travel: \$ _____
 (**Note:** these costs are not covered by SGA)

Total Amount Requested

Section 3: Outside Funding

Please List any outside funding that your club might be receiving for this event (including club sponsorship, Dean's gift, national organization funding, scholarships, etc.):

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Section 4: Total Cost of Event

SGA will generally pay up to 50% of this **total cost**. Receipts must be issued to the SGA Executive Board Treasurer (locker #216 by the Friday following the event date.) **Any over-funding must be returned to SGA.**

- **Please list all costs, listing both purpose AND amount.**

1. _____ \$ _____
2. _____ \$ _____
3. _____ \$ _____
4. _____ \$ _____
5. _____ \$ _____
6. _____ \$ _____

Section 5: Previous Requests

Please List all previous requested amounts, those approved and un-approved, submitted to the SGA General Council in the following academic year.

1. _____ \$ _____
2. _____ \$ _____
3. _____ \$ _____
4. _____ \$ _____
5. _____ \$ _____

Section 6: Good Standing

1. Have all receipts from SGA funded or partially funded expenses gone to the SGA Executive Board Treasurer?
 Yes No
2. Has your club held at least one fundraiser within the current semester?
 Yes No
3. How much of your clubs funding goes to charitable events? \$ _____

Section 7: Bank Records and Signature

What is the current balance of your club/organizations bank account: \$ _____
(please include a bank statement to verify this amount)

Please include a mailing address for an SGA check if your club does not have account at PNC Bank.

As treasurer (or acting treasurer) of this club, I certify that all of the statements in this document are true and that this request was made in accordance with the Constitution and By-laws of the LECOM SGA.

X _____

Date: _____