



STUDENT ORGANIZATION FUNDS REIMBURSEMENT FORM

Date: _____

Name of Organization: _____

Person Completing Form: _____

Email address: _____ Phone Number: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Amount of Funds Requested: \$_____ (Maximum \$75)

Name of event/activity: _____

Date and Time of activity: _____

Location: _____

Purpose: _____

Number in attendance: _____

Other sponsors/partners: _____

Nature of Event:

- Community-wide program/event
- Organization social event
- Organization development event (i.e. officers' retreat, membership drive, etc.)
- Campus-wide program/event
- Conference registration fee

If this is a program or event, how will you attract an audience, and what type of audience are you trying to attract? _____

ITEMIZED COST BREAKDOWN:

Signature of Advisor	Date	Signature of President	Date
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FOR OFFICE USE ONLY

Date Request Rec'd: _____ Date Approved: _____

Approved by: _____ Date Denied: _____

Reason for Denial: _____