Please complete the following form in order to receive funds from the Student Government Association. If this form is received less than 10 business days from the date needed it may be automatically declined due to insufficient time being allowed for the process. Please provide an invoice with this form upon admission for an accurate decision.

Name & Position: ____________________________________________________________

Contact Information: ________________________________________________________

Amount Being Requested: __________________________________________________

Date Requesting Funds: ______________ Date Needed: ________________________

Reason: __________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

The following section is to be completed by the SGA Treasurer:

________ The fund requested above will be allocated as soon as time allows.

________ The funds being requested cannot be authorized at this time due to the reason(s) given below.

Reason(s) for denial:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

SGA Treasurer: _____________________________ Date: _________________________

SGA President: ______________________________ Date: _________________________