SRSGA INC.
Slippery Rock Student Government Association, Inc.
www.srusga.com | sga@sru.edu | 724.738.2656

Office of Cooperative Activities

FIRST-TIME FUNDING REQUEST

Please fill out attached budget and expenditure forms.

Organization: _____

Number of Members: _____

Have you been recognized for at least four months: (Circle One) ☐ Yes ☐ No

Please describe what you would like to achieve with $250.00:

_____

_____

_____

_____

How will receiving funding from Student Government improve the quality of your organization:

_____

_____

_____

_____

Remember: A maximum of $250.00 can be allocated.

Amount Requested: $_____

_____ _____

Submitter (Print) Date Submitter (Sign)

_____ _____

Advisor(Print) Date Advisor (Sign)

Office Use Only Approved: (Circle One) Yes No Initials: _____

Name of event:			
Brief Description of this event?			
Location:			
Has your organization ever sponsored a similar event?			
If yes, how many people attended?			

Line Item	Line Item Name	Specific Description of Expenditure	Amount Requested	Amount Approved
		Total Requested:	0	$ -
		How many students do you think will attend your event?		
		How much will this event cost per student?		