

## **Request for Appropriation of Funding Non-Board of Trustee Item Request**

*Note: All request must be submitted 6 weeks prior to event date* 

Submit to Student Life Office and email to <u>lhennings@mtsac.edu</u>. Upon receipt, confirmation of item and agenda date will follow.

| For Office Use Only |  |  |  |  |  |
|---------------------|--|--|--|--|--|
| Request #:          |  |  |  |  |  |
| Date                |  |  |  |  |  |
| Received:           |  |  |  |  |  |
| Agenda              |  |  |  |  |  |
| Date:               |  |  |  |  |  |

| I. Type of Appropriation Requested (Select all that apply): |  |    |  |  |  |
|---|--|----|--|--|--|
|   | Catering: (ex. Sodexo, off-campus restaurants and caterers)                      | \$ |  |  |  |
|   | Conference & Travel: (ex. Registration, transportation, lodging, meal allowance) | \$ |  |  |  |
|   | Food Supplies: (ex. Pre-packaged food items like chips and candy, etc.)          | \$ |  |  |  |
|   | Supplies: (ex. Streamers, paper cups, plastic utensils, decorations, etc.)       | \$ |  |  |  |

If you are requesting funding for an Independent Contractor or Contract, you will require the Board of Trustees approval. You must complete a separate "Request for Appropriation of Funding Board of Trustee Item Request."

TOTAL AMOUNT REQUESTED.

| II. Additional Sources of Funding                              |            |  |
|--|------------|--|
| Are you considering other sources of funding? (Circle one) Yes | / No       |  |
| If so, please indicate the Source:                             | Amount: \$ |  |
|  |            |  |
| III. Event Information   |            |  |
| Recognized Student Club/ Organization (RSCO)<br>or Department: |            |  |
| Name of Event:   |            |  |
| 25 Live Reservation Reference Code:                            |            |  |
| Event Location:  |            |  |
| Event Date:  |            |  |
| Event Start to End Time:                                       |            |  |

NOTE: Associated Students has the purview of requiring certain events to prove all participants to have paid their current Student Activities Fee. Fees are subject to electronic verification, via the Associated Students website.

## IV. Additional Information Required

Purpose of Event: A.S. seeks to enhance the student experience through activities fulfilling one of the following five priorities, please select one priority area(s) your event fulfills.

- □ Co-curricular engagement
- Leadership development
- Retention & transfer
- □ Recognition of service
- □ Civic engagement and advocacy

Please describe how your event fulfills the selected A.S. Priority area and provide a detailed Budget breakdown for the amount requested by including quotes, conference webpages, etc.

## V. Funding Conditions

All groups requesting Associated Students funding are hereby notified that the event advisor (or designee) is responsible for processing all banner requisitions with approved vendors. **NOTE: Additional Fiscal Services forms, guidelines, and procedures may be required.** All event marketing, written and oral, must acknowledge Associated Students as a sponsor and include the Associated Students logo on all materials.

This form must be completely filled out, with signatures below, and submitted to the A.S. Administrative Specialist III **at least 6 weeks prior to the event date** to be considered for funding. For specific questions, please contact the Student Life Office at x4525 or email <u>lhennings@mtsac.edu</u>.

| <b>A.</b> Club Advisor /         | g Request Form       | <b>B.</b> Designee Processing Banner Requisition(s)<br>If different from person A. |            |                 |       | n(s)     |            |  |
|----------------------------------|----------------------|--|------------|-----------------|-------|----------|------------|--|
| Print:                           |                      | _ F  | Print:     |                 |       |          |            |  |
| Sign:                            |                      |  |            | S               | Sign: |          |            |  |
| Date: Ext/Phone:                 |                      |  |            | Date: Ext/Phone |       |          | Ext/Phone: |  |
| Email:                           |                      | E  | Email:     |                 |       |          |            |  |
| For Office Use Only              | /                    |  |            |                 |       |          |            |  |
| Co-Sponsor (Motion): Date:       |                      |  |            |                 |       |          |            |  |
| Co-Sponsor (Second): Date:       |                      |  |            |                 |       |          |            |  |
| A.S. Senate                      |                      |  |            |                 |       |          |            |  |
| For: Against:                    |                      |  | Abstain:   |                 | Date: |          |            |  |
| A.S. Executive Boar              | rd                   |  |            |                 |       |          | •          |  |
| For: Against:                    |                      | Abstain:   |            | Date:           |       |          |            |  |
| A.S. President                   |                      |  |            |                 |       |          |            |  |
|                                  |                      |  | Signature: | gnature:        |       |          | Date:      |  |
| Notification of<br>Appropriation | Date: Requisition #: |  |            |                 |       |          | PO #:      |  |
| <b>C &amp; T Form:</b> Date: T#: |                      |  |            |                 |       |          |            |  |
| Check Requests:                  | \$                   |  | Purpose:   |                 | \$    |          | Purpose:   |  |
|                                  | \$ Purpose:          |  |            | \$              |       | Purpose: |            |  |