

\_\_\_\_\_ Fall Budget Request  
 \_\_\_\_\_ Spring Budget Request  
 \_\_\_\_\_ Line Item Transfer  
 \_\_\_\_\_ Organizational Wear

Date & Time Stamp  
 from Facilities Office \_\_\_\_\_

**Budget Request Form**  
**The University of Findlay**  
**Student Government Association**

**THIS FORM MUST BE COMPLETED & TURNED IN TO THE FACILITIES OFFICE BY MONDAY AT 4:30 pm**

Organization Name \_\_\_\_\_

Contact Person (s) \_\_\_\_\_

Phone # \_\_\_\_\_ E-mail \_\_\_\_\_

Advisor's Signature (required) \_\_\_\_\_

Total Amount of Funds Requested \$ \_\_\_\_\_

Event # 1: Name \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_ Location \_\_\_\_\_

<i>Line Item</i>	<i>Amount Requested</i>
Honorariums	\$ _____
Travel Expenses	\$ _____
Printing	\$ _____
Sodexo	\$ _____
Security	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>EVENT TOTAL</b>	<b>\$ _____</b>

<p><b>SGA USE ONLY</b></p> <p>SGA Treasurer _____</p> <p>Approved by _____</p> <p>Date Approved _____</p> <p>Amount Allocated _____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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**Brief Description of event**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\* Facilities office use only \*\*\*\*\*

Facility permit completed \_\_\_\_\_ Yes \_\_\_\_\_ No   
 Security Needed \_\_\_\_\_ Yes \_\_\_\_\_ No   
 Number of officers \_\_\_\_\_

Event # 2: Name \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_ Location \_\_\_\_\_

<i>Line Item</i>	<i>Amount Requested</i>
Honorariums	\$ _____
Travel Expenses	\$ _____
Printing	\$ _____
Sodexo	\$ _____
Security	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>EVENT TOTAL</b>	<b>\$ _____</b>

<b>SGA USE ONLY</b>
SGA Treasurer _____
Approved by _____
Date Approved _____
Amount Allocated _____
_____
_____
_____
_____

Brief Description of event

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\* Facilities office use only \*\*\*\*\*

Facility permit completed \_\_\_\_\_ Yes \_\_\_\_\_ No Security Needed \_\_\_\_\_ Yes \_\_\_\_\_ No Number of officers \_\_\_\_\_

Event # 3: Name \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_ Location \_\_\_\_\_

<i>Line Item</i>	<i>Amount Requested</i>
Honorariums	\$ _____
Travel Expenses	\$ _____
Printing	\$ _____
Sodexo	\$ _____
Security	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>EVENT TOTAL</b>	<b>\$ _____</b>

<b>SGA USE ONLY</b>
SGA Treasurer _____
Approved by _____
Date Approved _____
Amount Allocated _____
_____
_____
_____
_____

Brief Description of event

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\* Facilities office use only \*\*\*\*\*

Facility permit completed \_\_\_\_\_ Yes \_\_\_\_\_ No Security Needed \_\_\_\_\_ Yes \_\_\_\_\_ No Number of officers \_\_\_\_\_