
SENATE APPROPRIATIONS BILL FUNDING REQUEST

Date: _____

Sponsoring Senator: _____

Name of Organization: _____

Requested Amount:

Chartered: Yes No

Campus Address: _____

Campus Phone: _____

Names of Two Officers:

Name

Title

Phone

Name

Title

Phone

Please describe specifically what you are requesting funds for:
(For travel, please provide dates of trip.)

If you received funding in the Fall or Spring process, please detail why additional funds are necessary:

Requests must be filled out completely including the detail sheet on the back and submitted to the Office of the Vice President no later than 12:00 noon on the Friday before the regular scheduled committee meeting.

