



BUDGET CALL REQUEST FORM

I. GENERAL INFORMATION

Auxiliary/Organization: _____
Student Representative: _____ Phone Number: _____ E-Mail: _____
Advisor: _____ Phone Number: _____ E-Mail: _____
Number of Active Members: _____ Total Amount Requested: _____

II. PROGRAM INFORMATION

Program Title: _____
Location: _____ Date of Program: _____
Expected Attendance: Student Organization Members: ____ Faculty/Staff: ____ Under 18: ____
 Students on Campus: ____ Off-Campus: ____
Total Attendance: _____ Total Cost of Program: _____

Program Justification: *Describe the program and how it will improve student life on campus. Please attach another sheet, if necessary. (200 words min.)*

Program History: *Describe how the program has done in the past or programs that are similar. Please attach another sheet, if necessary. (200 words min.)*

Program Publicity: *Describe how the program will be publicized to the intended audience. Please attach another sheet, if necessary. (100 words max.)*

III. BUDGET: *List all the expenditures for the program (i.e. food, publicity, prizes, supplies, etc.)*

<u>Categories</u>	<u>Description of Expenditure</u>	<u>Cost</u>
Supplies		
Insurance(s)		
Honorariums		
Conference Registrations		
Total Requested		

IV. SPONSORS

List all Organizations or Departments sponsoring the program.

<u>Funding Sources</u>	<u>Description</u>	<u>Cost</u>
ASI	Refer to Table Above	
Total Program Budget		

By signing this application, you are certifying that the information provided is an accurate description of the proposed campus event. Failure to provide the accurate information may result in a rejection of your proposal. You also certify that you have reviewed the ASI Budget Instructions and fully understand your responsibilities as a representative of the auxiliary/organization.

Student Representative Name (print)

Student Representative Signature

Date

Advisor Name (print)

Advisor Signature

Date