

ACTIVITIES FUND REQUEST FORM
STUDENT ACTIVITIES OFFICE

PLEASE ATTACH THIS FORM TO COMPLETED PURCHASE ORDER OR CHECK REQUEST.

Date_____

Name of Organization Requesting Funds_____

Amount Requested

\$

Advisor: _____

Phone: _____

Student Contact: _____

Phone: _____

Purpose_____

It is hereby agreed that the aforementioned organization should participate in the following campus activities (if scheduled) to be eligible for Student Activities Funds: Fall Festival, Homecoming Week, Spring Frolics and SGA meetings – as needed.

Advisor Signature

☐ **APPROVED**

☐ **DISAPPROVED**

Student Activities Coordinator

Date