

Student Budget Advisory Committee

Annual Budget Request Packet

Fiscal Year 2009

Please make eight (8) copies of the budget packet prior to turning it in.

Student Organization: _____
Advisor: _____
President: _____
Phone: _____ E-mail: _____
Treasurer: _____
Phone: _____ E-mail: _____
Number of Active Members: _____
Amount of Dues Charged: _____
Does your group fundraise? _____ If so, how much? _____
Liason: _____

Please fill out this form in its entirety. The grey areas are for SBAC use only.

Section One: Internal Organizational/Office Operations

Line #	Explanation	Amount Requested	Amount Granted
Total			

***All forms are due by Friday, MARCH 21 at 5 PM to Third Floor Campion.
Forms more than one week late will not be accepted, and those up to a week late will be penalized.***

Make more copies of this page if you do more than 4 events per year.

Annual Events/Functions

Event/Function: _____

Purpose: _____

Campus Wide:

Line #	Explanation	Amount Requested	Amount Granted
Total			

Annual Events/Functions

Event/Function: _____

Purpose: _____

Campus Wide:

Line #	Explanation	Amount Requested	Amount Granted
Total			

Grand Total Requested:	
Total Allocated from SBAC:	
Percent of Allocation:	

Date Transferred from Student Leadership: _____