



STUDENT GOVERNMENT ASSOCIATION FUNDS REQUEST FORM

Please complete the following form in order to receive funds from the Student Government Association. If this form is received less than 10 business days from the date needed it may be automatically declined due to insufficient time being allowed for the process. Please provide an invoice with this form upon admission for an accurate decision.

Name & Position: _____

Contact Information: _____

Amount Being Requested: _____

Date Requesting Funds: _____ Date Needed: _____

Reason: _____

The following section is to be completed by the SGA Treasurer:

_____ The fund requested above will be allocated as soon as time allows.

_____ The funds being requested cannot be authorized at this time due to the reason(s) given below.

Reason(s) for denial:

SGA Treasurer: _____ Date: _____

SGA President: _____ Date: _____