THREE RIVERS COMMUNITY COLLEGE

STUDENT ACTIVITY FUND

BUDGET REQUEST FORM

Organization or Individual ____________________________
Requesting Funds

SAF Account Name/Number ____________________________

TOTAL SUBSIDY REQUESTED for the ___________ Semester

Date of Request _______________ SAF Account Balance $__________

Give a brief account of the planned activities of the organization.

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

For the Budget Request:
1. Under the Programs category itemize the specific costs.
2. The person or organization submitting the budget request must provide 10 copies for Student Government and submit a copy to the Director of Student Activities.
3. If person/organization received funding during the last fiscal year, please state the exact amount received and attach a financial report on how funding was spent.
4. Itemize the income and expenses for each event the organization is requesting an allocation from the Student Activity Fund.
5. Minutes of the meeting approving the submitted budget requested must be attached to this form.

I) PROGRAMS

A. Projected Programs Revenue
B. Anticipated Expenses
   List Anticipated Expenses
   ________________________________________________________________
   ________________________________________________________________

C. Subsidy Requested

II) PROGRAMS

A. Projected Programs Revenue
B. Anticipated Expenses
   List Anticipated Expenses $ ____________
C. Subsidy Requested

III) PROGRAMS

A. Projected Programs Revenue
B. Anticipated Expenses
   Listed Anticipated Expenses

C. Subsidy Requested

IV) PROGRAMS

A. Projected Programs Revenue   $
B. Anticipated Expenses
   List Anticipated Expenses   $

C. Subsidy Requested   $

*If necessary, attach an additional sheet using the above format.*

Is there any additional information about your account that should be considered when this budget request is reviewed?

Yes          No          

If yes: ______________________________________________________

Student Organization
Representative: ____________________________ Date__________

Staff Advisor: ____________________________ Date__________

College Staff Individual Request:
I agree to present this budget to the Student Government.

Name__________________________ Date_______

Title__________________________ 10/16