THREE RIVERS COMMUNITY COLLEGE

STUDENT ACTIVITY FUND

BUDGET REQUEST FORM

Student 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 for the organization.
_________________________________________________________
_________________________________________________________
_________________________________________________________

For the Budget Request:
1. Under the Program section or on a separate sheet of paper, itemize the income and expenses for each event the organization is requesting an allocation from the Student Activity Fund.
2. The student organization or person submitting the budget request must provide 10 hard copies for Student Government, including a copy for the Student Government Treasurer and the Student Programs Office.
3. If organization/person received funding during the last fiscal year, state the amount received and attach a financial report on how funding was spent.
4. Minutes of the meeting approving the submitted budget must be attached to this request.
5. Organization representative must be present at Student Government meeting for budget presentation as well as for the vote for approval.

I) PROGRAM

| A. Projected Programs Revenue | $_______________ |
| B. Anticipated Expenses       | $_______________ |

List Anticipated Expenses

C. Subsidy Requested $_______________

II) PROGRAM

| A. Projected Programs Revenue | $_______________ |
| B. Anticipated Expenses       | $_______________ |

List Anticipated Expenses

C. Subsidy Requested $_______________
III) PROGRAM

A. Projected Programs Revenue $____________

B. Anticipated Expenses
   List Anticipated Expenses $____________

C. Subsidy Requested $____________

IV) PROGRAM

C. Projected Programs Revenue $____________

D. 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
Treasurer: ________________________________________________________ Date________________

Student Organization Advisor: ________________________________________ Date________________

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

Name___________________________________________________________ Date____________

Title___________________________________________________________ 7/26/11