

**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 \_\_\_\_\_