ACADEMIC ASSEMBLY
EVENT FUNDING REQUEST FORM

Academic Assembly funds are available to USG <u>Recognized</u> organizations <u>not</u> otherwise funded by USG.
Submit your request at least <u>one</u> <u>month</u> prior to the event date.

Organization Name _____

Contact Person _____ Phone _____

Activity/Event Name _____

Activity/Event Description_____

_____

_____

Activity/Event Date(s)_____ Activity/Event Location(s) _____

Start Time_____ End Time_____ Number of Student Participants Anticipated _____

CoSponsor(s) _____

Primary Purpose of Activity/Event *(Check One):* ☐ Social ☐ Educational ☐ Cultural ☐ Recreational

This Activity/Event must be voted on by your organization's membership: Date of vote:_____/_____/_____

Vote tally: Yea _____ Nay _____ Abstained _____

Total Amount Requested: $_____

• ATTACH A DETAILED EVENT BUDGET TO THIS FORM (IN EXCEL).

• ALSO ATTACH ANY OTHER IMPORTANT EVENT INFORMATION THAT YOU FEEL WILL HELP THE BUDGET COMMITTEE MAKE AN INFORMED DECISION ON FUNDING YOUR EVENT.

_____ _____
Organization President's Signature   Organization Treasurer's Signature

• FOR OFFICE USE ONLY •

Date Received _____ Budget Committee Vote Date: _____/_____/_____

Not Approved_____ Approved_____ Budget Committee Vote: Yea____ Nay____ Abst.____

Amount Approved: $ _____

Funding approved for:_____