

REQUEST FOR EXPENDITURE OF SGA FUNDS (RESGAF) Date: _____

ORGANIZATION: _____

EMAIL: _____ PHONE: _____

REQUESTED BY: _____

NAME OF EVENT: _____ DATE/TIME: _____

OR _____

DESCRIPTION OF EXPENDITURE: _____

Description	Estimated Cost	SGA Allocation	Club Carry Over
Room	\$	\$	\$
	\$	\$	\$
Food	\$	\$	\$
	\$	\$	\$
Audio	\$	\$	\$
	\$	\$	\$
Security	\$	\$	\$
	\$	\$	\$
Reproduction (Flyers/Posters)	\$	\$	\$
	\$	\$	\$
Other:	\$	\$	\$
TOTAL	\$		

For each item above, please provide the following information. You may attach an additional sheet if necessary.

VENDOR/PAYEE NAME: _____

MAILING ADDRESS: _____

FIN/SSN: _____ TELEPHONE: _____

CONTACT PERSON: _____

AUTHORIZED SIGNATURES: For purchases under \$150.00, the signature of the organization's President or Treasurer is required. For purchases exceeding \$150.00, the signatures of both the organization's President and Treasurer are required.

Treasurer (Print)

Treasurer (Sign) Date: _____

President (Print)

President (Sign) Date: _____

Advisor on Duty: _____ Date: _____

For SABSC Use Only

Date Received:	Funds Verified By:
Club/Organization Account #:	

Original – Business Center Copy – Departments