

Fund Request Form

Date of Proposal:	
Requested By: (Last Name)	(First Name)
Phone#:	
Requestor's Email:	
Are you a: Student Representative Faculty Staff	☐ Student Staff
Department:	
Total Amount Being Requested (\$):	<u></u>
Purpose: Event Conference Others	
Event or Program/Conference/Equipment Title:	
Date: Location:	
1. Summary of the item, program or service proposed:	
2. Please describe any efforts to obtain funding outside of ASEDO	CC student government
2. Flease describe any efforts to obtain funding outside of ASEDC	C student government.
3. The estimated number of students that will benefit from this pro4. Please describe how your program will benefit students:	oposal:

Quantity	Item/Description	Cost
	To	otal \$:
6. Please attach any other	er relevant documents and materials to this form.	,
additional sheets of pap	er if needed to answer questions or to provide	de supplemental informa
	M(S) TO THE ASEDCC STUDENT GOVERI	
JDENT ENGAGEMENT	AND LEADERSHIP, BRIER TRITON STUI	DENT CENTER ROOM
EASE RETURN FORMS	S THREE BUSINESS DAYS PRIOR TO TH	IE SCHEDULED MEET
	TO RECEIVE CONSIDERATION	
MAKE SURE	TO KEEP A COPY FOR YOURSELF.	THANK YOU!
OFFICE USE ONLY		
ACTION TAKEN:		