



Request For Funding Form

Student Activities and Leadership Office

FORM MUST BE SUBMITTED FOUR (4) WEEKS PRIOR TO DATE OF EVENT

Your Name:	Phone#: () -	E-mail:
Organization/Office/Committee:	Title:	
Event Name (if applicable):	Date Order Required: / /	

1. What is the desired student learning outcome you hope to achieve from this event or activity:

2. What is the target audience you are trying to reach:

3. How will you evaluate and measure the success of the of the achieved learning outcome:

4. If this is a travel request, please list details below:

Purchase Type (select one):	<input type="checkbox"/> General Expenses <input type="checkbox"/> Clothing/Uniforms <input type="checkbox"/> Membership/Registration Fees <input type="checkbox"/> Duplicating/Printing <input type="checkbox"/> Office Supplies <input type="checkbox"/> Postage <input type="checkbox"/> Publications/Books <input type="checkbox"/> Promotional Materials <input type="checkbox"/> Trophies/Awards/Plaques <input type="checkbox"/> Other Materials <input type="checkbox"/> Travel
	<input type="checkbox"/> Food
	<input type="checkbox"/> Other (brief description)

Vendor/Individual's Name:	Phone#: () -
Street Address/PO Box:	Rm/Apt/Suite#: City: State: Zip Code:
FED Tax I.D. NO./SS#:	Requesting: <input type="checkbox"/> Check Issued or <input type="checkbox"/> Purchase Order (Approved Vendors)
Make Check Payable to (if applicable):	

