



ASBTC FUNDING REQUEST FORM

- 1) All requests **MUST** be reviewed by the ASBTC Executive Team before being presented to Senate.
- 2) Any requests over \$499 that is approved by the Executives **MUST** also be presented at Senate:
 - a) during the next following Senate meeting for Senate Approval
 - b) within two weeks after the event/fund request is complete showing how funds were used

Program Information

Program Name: _____

Student Coordinator: _____

Phone: _____ Personal Email: _____

Funding Information

Amount Requested (w/Tax): \$ _____ Number of Participating Students: _____

Event Date(s): _____ Event Start/ End Times: _____

Event Location: _____

Event Description: _____

Purpose (use of requested funds ex. transportation, registration fees, food, lodging, etc.)

Program's Approval

Student Coordinator	Advisor/Program Faculty
Printed Name: _____	Printed Name: _____
Signature: _____	Signature: _____

- Please Note:**
- *Original receipts are required 30 days after actual event.*
 - *No reimbursement will be made without original receipts.*
 - *All monies 'Not Accounted For' will be returned to ASBTC account.*
 - *Funds can be requested from 1st day of Fall quarter through May 15th. Applications received before or after these days will not be honored.*

For ASBTC Administration Use Only

#	FY	MD	LI	P#	Amount Paid

FOR OFFICE USE ONLY

Date Received: _____

Date Approved by Executives: _____ Date Approved by Senate: _____

Disapproval Reason: _____

Attendance Rate: _____ Line Item Category: _____

ASBTC Director of Finance *(Signature)*

ASBTC Director of Attendance *(Signature)*

ASBTC Clerical Support *(Signature)*

ASBTC Advisor *(Signature)*