

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

ORGANIZATION: _____

ADDRESS: _____ Email: _____ Phone: _____

REQUESTED BY: _____

NAME OF EVENT: _____ DATE/TIME: _____

OR _____

DESCRIPTION OF EXPENDITURE: _____

Description	Cost	SGA Allocation	Carry Over Club Account
Room	\$	\$	\$
Food	\$	\$	\$
Audio	\$	\$	\$
Security	\$	\$	\$
Reproduction (Flyers/Posters)	\$	\$	\$
Other:	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
TOTAL	\$	05-9-90210	05-9-

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 \$50.00, the signature of the organization's President or Treasurer is required. For purchases exceeding \$50.00, the signatures of both the organization's President and Treasurer are required.

Treasurer Date: _____

President Date: _____

Advisor on Duty: _____ Date: _____

For SBMC Use Only	
Date Received:	Comments:
Beginning Balance:	Funds verified by:
Less This Request:	
Ending Balance:	

White – Business

Canary – Club/Organization

Pink – Advisor on Duty