



SGA FUNDS REQUEST FORM

Please Staple Original Receipts or Invoice, along with Meeting Minutes

Requested by:		Budget Line-Name:		SGA SCF SRF
Advisor:		Funds Requested:		Fund Source:
Date Needed by:		Date of Meeting:		W-9 Required: Yes / No

Make Check Payable To:	
Address:	
City, State, and Zip Code:	

Description	Total
GRAND TOTAL:	

SGA Vice President of Finance: _____ **Date:** _____

Mgr., Student Life/Engagement: _____ **Date:** _____

Senior Dean of Students: _____ **Date:** _____

****Advance Funds:** Officers can request advance funds with this form. Receipts representing expenses and any unused monies must be returned to the Advisor, Student Life Accounts & Special Programs within 3 instructional days of the cash advance. Should the recipient not comply, or return a portion of these receipts/monies within 3 days, total amount of the unaccounted funds shall be posted to the student's account with the college. Allow 5 days for processing of check. Alcohol purchases are not permitted and cannot be reimbursed.