

Request for Funds Form

Start Here	Student Government Info	Person/Vendor getting paid
	Contact name:	Vendor: _____
	Student Government	Contact Name: _____
	Phone	Address: _____
	Email	City/State/Zip: _____
		Phone: _____ Fax: _____
		UIN: _____
		Email: _____

Step 2	General Information			
	Meeting/Event Title & Purpose			
	Date & Time			
	Location			
	# of Attendees/			
	For IRS purposes, international students check here <input type="checkbox"/> College of Medicine Student <input type="checkbox"/>			
	Supplies Equipment Furniture Food Promotional Items Travel Grant Giveaways Reimbursement Vendor Payment Project Grant			
	Detailed Description (Provide details for desired items or items ordered)		Quantity	Amount
	1			
	2			
3				
4				
5				
6				
7				
Person placing the order and phone number provided to vendor =		GRAND TOTAL =		

Step 3	Approvals	
	Requestor's Signature: _____ (Student's Signature)	Date _____
	Approval Signature: _____ (Student Organization Officer)	Date _____
	Advisor's Signature: _____	Date _____