

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		College of Medicine Student	
	Supplies Equipment Furniture Food Promotional Items Travel Grant Leader Awards 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 Government Officer)	Date _____
	Student Government Advisor's Signature: _____	Date _____