

Student Organization Emergency Allocation Request Form

NOTE: Be sure to complete the "Program Budget" sheet (2nd tab at bottom of Excel file).

General Information:

Organization Name: _____

Date of Request: _____

Representative's Name: _____

Position: _____

Phone Number: _____

Email: _____

Advisor's Name: _____

Position: _____

Phone Number: _____

Email: _____

Reason for Emergency Allocation:

(Please describe thoroughly - you may need to select more than one reason)

- Did not plan efficiently
- Event cost more than expected
- New event opportunity not originally in the budget
- Delayed planning
- Did not participate in semester allocation process
- To reimburse money used due to an unavoidable emergency
- New student organization

Emergency Allocation Need - Event Description:

Name of Event: _____

Planned Date of Event: _____

Date Funding Needed: _____

Anticipated Cost: _____

Amount Requested: _____

Description of Event:

Statement of Understanding:

I understand that this request will be reviewed based on the Student Organization Allocation funding policies and guidelines with which I am familiar. I also understand that Emergency Funding is not guaranteed as granting of this funding is contingent upon the completeness of the packet and the actual

Signature of Organization Representative

Date

Signature of Advisor

Date