

# Student Government Council Generalized Allocation Request

**\*Choose the proper form before submitting to Council.**

If your request includes **ANY** travel costs, use the Travel Allocation Request form.

If your request includes **ANY** food (other than while traveling) or event costs, use the Event Hosting Allocation Request form.

Any other requests should utilize this Generalized Allocation Request form.

<b>Club Information</b>	Club Name: _____
	<p><b>By signing this Allocation Request, I certify the following:</b></p> <ol style="list-style-type: none"> <li>1. I am an authorized signer of the above mentioned student organization</li> <li>2. I am responsible for ensuring that all rules and regulations pertaining to allocations are adhered to, including returning receipts.</li> <li>3. Failure to adhere to the rules and regulations pertaining to allocations may result in sanctions up to and including being held personally liable for the funds.</li> </ol> <p>Authorized Signer: _____ Date: _____</p>

<b>Itemized Expenses</b>	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
<b>TOTAL EXPENDITURES</b>		\$ _____

Projected Income

Club Contribution: \$ \_\_\_\_\_ A

Income from Event: \$ \_\_\_\_\_ B

\* The SGC may take into account if the allocation is for revenue generation.

Income from other sources: \$ \_\_\_\_\_ C

\* Use the lines below to fully itemize each income source, and tally them above.

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

TOTALS (Lines A-C) \$ \_\_\_\_\_

TOTAL ALLOCATION REQUEST \$ \_\_\_\_\_

Explanation

Please provide a narrative, as to the goals or purpose of this request.

Multiple horizontal lines for providing a narrative explanation.

**For each item, please attach a complete estimate from the vendor.**

OFFICE USE ONLY

Financial Board Review  
Notes:

Council Review  
Notes:

FB Support? Yes \_\_\_ No \_\_\_  
FB Hearing Date \_\_\_/\_\_\_/\_\_\_

Council Review Date \_\_\_/\_\_\_/\_\_\_  
Amount Allocated \$ \_\_\_\_\_/or/ Declined  
Date Transmitted to Student Life \_\_\_/\_\_\_/\_\_\_