

BUDGET REQUEST FORM

NAME OF ORGANIZATION _____

BUDGET PERIOD _____

1. OFFICERS' NAMES

NAME	NAME	NAME
OFFICE/TITLE	OFFICE/TITLE	OFFICE/TITLE
ADDRESS	ADDRESS	ADDRESS
TELEPHONE #	TELEPHONE #	TELEPHONE #

2. SIZE OF ACTIVE MEMBERSHIP _____

3. FREQUENCY OF MEETINGS _____

4. FORMAL PURPOSE OF THE ORGANIZATION _____

5. PERIOD OF TIME THE GROUP HAS BEEN IN EXISTENCE _____

6. OTHER FUNDING SOURCES (INCLUDING ANTICIPATED ONES) _____

7. DEPARTMENTAL CONNECTION _____

8. OTHER-THAN-STUDENT ADVISORS _____

9. I AM FAMILIAR WITH THE APPLICABLE CITY UNIVERSITY BYLAWS, POLICIES AND REGULATIONS, AND WILL BE HELD RESPONSIBLE FOR ALL BILLS SUBMITTED FOR PAYMENT.

SIGNED

TITLE

NAME OF ORGANIZATION _____

BUDGET PERIOD _____

AUTHORIZED SIGNATURE _____

ADVERTISING AND PROMOTION	\$ _____
CONTRACTUAL SERVICES	_____
EQUIPMENT	_____
FILMS AND FILM RENTAL	_____
HONORIA, PERFORMERS, LECTURERS, BANDS, ETC.	_____
INSURANCE	_____
PRINTING, POSTAGE, STATIONERY (TYPESETTING, BOOKS)	_____
RENT	_____
REPAIRS & MAINTENANCE	_____
TELEPHONE	_____
STIPENDS	_____
PERSONNEL SERVICES (SALARIES)	_____
SUPPLIES	_____
TRAVEL EXPENSE (TRIPS, HOTELS, MEALS, LOCAL TRAVEL, AUTO MILEAGE)	_____
REFRESHMENTS	_____

TOTAL	\$ <u>_____</u>

NOTE: OTHER CATEGORIES MAY BE ACCEPTABLE IF THEY ARE
DEFINED ACCORDING TO FUNCTION.

