

ASI CLUB ALLOCATION BUDGET FUNDING REQUEST FORM

CC#:

Section A: Organization and Account Information

Organization Name: _____ When was your club chartered? _____
 National affiliations (parent organization/group)? _____

Section B: Program Information

Contact Person: _____ Phone: _____ E-mail: _____
 Activity/Event Title: _____ Scheduled Date: _____ Scheduled Time: _____
 Expected attendance: _____ Location: _____ Backup location in case of bad weather: _____
 Is the club receiving funding from any other organization/entity for this activity?
 If "yes", state the name of the organization/entity and amount.
 Is another organization applying to the ASI CAB Committee for funding of the same event?
 If "yes", state the name of the organization/entity and amount.
 Will the organization charge admission for the event? Yes No
 If "yes", how much will be charged?
 What will the proceeds be used for?

Section C: Event Funding Information

Column A				Column B			
Line Item	Event Cost	Club Funding	Amount Requested	Line Item	Event Cost	Club Funding	Amount Requested
1. Registration				5. Artist/Speaker Fees			
Total				Total			
2. Advertising/Printing				6. Personal Services			
Total				Total			
3. Clothing				7. Rentals			
Total				Total			
4. Food / Beverages				8. Other Activities			
Total				Total			
Subtotal from Column A				Subtotal from Column B			

Total amount requested from ASI

I certify that the information contained in this request for ASI CAB funds is true and accurate to the best of my knowledge.

President's Name (Please print) _____ President's Signature _____ Preferred Contact _____ Date _____
 Advisor's Name (Please print) _____ Advisor's Signature _____ Preferred Contact _____ Date _____