

ASSOCIATED STUDENT GOVERNMENT
RESERVE FUND REQUEST FORM

GENERAL INFORMATION

Name of Recognized Student Organization _____

Name of Contact _____ Daytime Phone _____

*Note- this person will be contacted when the request is received by the Fiscal Affairs Chair

E-mail _____

Short summary of event activities

Signature of Contact _____ Date _____

RESERVE FUND REQUEST FOR TRAVEL

Date(s) of Travel _____ Number of Members Participating _____

Destination _____

Type of Transportation: Ground How many total miles will you be traveling?
 Air How much per ticket (attach documentation of airfare quote)

Lodging: Yes No If yes, number of nights _____

Registration: Yes No If yes, how much per person _____

RESERVE FUND REQUEST FOR PRINTING & PUBLICITY

Date of Event _____ Estimated Expenditure _____

Name of Event _____

RESERVE FUND REQUEST FOR SPEAKER HONORARIUM

Date of Presentation_____

Name of Speaker_____ Honorarium Amount_____

*For the monies to be received by the organization, the Contact listed will be required to attend a Student Senate meeting to answer any questions regarding the Reserve Fund Request.

This form needs to be completed and returned to the ASG Fiscal Affairs Committee, Student Organizations & Activities Office, Campus Box 4065, **at least (6) weeks prior to the event** to make sure that any funds granted could be available by the time of the event. Should there be questions regarding this form, please contact the ASG Fiscal Affairs Committee at 341-5481.



OFFICE USE ONLY

Date Received_____

Committee Vote: _____Affirmative _____Negative _____Abstain

Fiscal Affairs Chair Signature_____