Organizational Oversight & Funding Committee Request Form

Requests for funding should be submitted to the Vice President of Student Senate via this form with as much advance notice as possible as requests are reviewed by the committee. Advances will only be considered if the form is submitted within 10 days of date of event/date or advance is needed.

Student Body Vice President Kayla Green kgreen17@eureka.edu Campus Box # 372

Date Submitted:	Date Funds will be Used:
Name of Event (if applicable)	
Contact Person(s) Responsible for Us	sing Funds*:
E-mail/Phone Number/Box Number:	
	Advance Requested □ Reimbursement Requested □
Date Advance Needed	
*If an advance requested, please allow fo	or at least 10 business days for request to be considered and processed
Check Payable to (or account to trans	fer funds):
additional sheets).	the event and how the funds will be used. (Please feel free to attach
How will this event benefit the studer	nt body? How will it be promoted to the campus at large? Explain.

^{*}You must attach an itemized budget of your event to be considered for funding* You must keep all receipts

documenting how funds were used. If seeking reimbursement, all receipts must be turned in to the Office of Student Life within 5 business days following your event for you to receive requested funds through the reimbursement process.

*If an advance was requested and approved, all receipts must be turned in within 5 business days following your event, otherwise you will be responsible for the amount of the advance which will be charged to your student account.

*If request is approved, you will receive a copy of this form for your records.

*Failure to utilize given funds in accordance to the stipulations outlined above will result in the revocation of any remaining funds and it would be the responsibility of the organization to pay back the amount of funds already used.

Below is for the Organizational Oversight & Funding Committee Use Only

Amount Requested: \$	A	Amount Approved: \$	
Authorized Signature:		Date:	
	OOF Chair (VI		
Authorized Signature:		Date:	
		n of Students	
Date of Check Request/Transfer I	Processed:	Date Receipts Received:	
Special Instructions:			
Date Signed Copy Provi	ded to OOF Chair	T Date Signed Copy Provided to the Office of Student Life O	ffice Manager