



ACADEMIC ASSEMBLY EVENT FUNDING REQUEST FORM

Academic Assembly funds are available to USG Recognized organizations not otherwise funded by USG.
Submit your request at least **one month / 20 BUSINESS DAYS** prior to the event date.

Organization Name _____

Contact Person _____ Phone _____

Activity/Event Name _____

Activity/Event Description _____

Activity/Event Date(s) _____

Activity/Event Location(s) _____

Start Time _____ End Time _____

Number of Student Participants Anticipated _____

CoSponsor(s) _____

Primary Purpose of Activity/Event (Check One): Social Educational Cultural Recreational

This Activity/Event must be voted on by your organization's membership: Date of vote: ____/____/____

Vote tally: Yea _____ Nay _____ Abstained _____

Total Amount Requested: \$ _____

• ATTACH A DETAILED EVENT BUDGET TO THIS FORM (IN EXCEL).

• ALSO ATTACH ANY OTHER IMPORTANT EVENT INFORMATION THAT YOU FEEL WILL HELP THE BUDGET COMMITTEE MAKE AN INFORMED DECISION ON FUNDING YOUR EVENT.

Organization President's Signature

Organization Treasurer's Signature

• FOR OFFICE USE ONLY •

Date Received _____

Budget Committee Vote Date: ____/____/____

Not Approved _____ Approved _____

Budget Committee Vote: Yea ___ Nay ___ Abst. ___

Amount Approved: \$ _____

Funding approved for: _____