**Organizational Oversight and Funding Committee Request Form**

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

Student Senate Treasurer

Lukas Tinkham

ltinkham20@eureka.edu

Date Submitted: Date Funds will be Used: Name of Event (if applicable) Organization Responsible for Event: Contact Person(s) Responsible for Using Funds\*: E-mail/Phone Number/Box Number:

Amount Requested: $

Date Advance Needed

Advance Requested □ Reimbursement Requested □

*\*If an advance requested, please allow for at least 10 business days for request to be considered and processed*

Check Payable to (or account to transfer funds):

Please explain the purpose/Nature of the event and how the funds will be used. (Please feel free to attach additional sheets).



How will this event benefit the student 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 the 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 revocation of any remaining funds and it would be the responsibility of the organization to pay back the amount of funds already used.



**Organizational Oversight and Funding Committee Use Only**

Amount Requested: $\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount Approved: $\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature:

OOF Chair (Student Senate Treasurer)

Authorized Signature:

Dean of Students

Date of Check Request/Transfer Processed:

Date: Date:

Date Receipts Received:

Special Instructions:

Date Signed Copy Provided to OOF Chair Date Signed Copy Provided to Office of Student Life Office Manager