



Name _____
 Email and Phone # _____

Allocation Request Form

CATEGORY AND AMOUNT REQUESTED (PLEASE CHECK ONE)

\$200.00 Educational Program On-campus program open to student body (No Fundraising) → \$ _____
 \$200.00 Travel Off-campus educational endeavor → \$ _____
 \$75.00 Service Regional program service in nature → \$ _____
Or
 \$475.00 Educational Program On-campus program open to student body (No Fundraising) → \$ _____

CLUB INFORMATION

Name of Club	Today's Date
Total Number of Club Members	Collection Date for Club Dues
Dues Per Person Each Year	Amount of Dues Collected This Year
Amount Each Individual is Contributing to the Event	Total Amount in Club Treasury
President's Name	Advisor's Name
Number of People Attending the Event	Amount Your Club is Contributing to the Event

FOR THE FOLLOWING QUESTIONS, PLEASE TYPE YOUR ANSWERS WITH AS MUCH DETAIL AS POSSIBLE

- 1).Reason for Request of Funds (Include Event, Date, and Place)
- 2).How Will This Benefit your Club Members
- 3).How Will This Benefit the University Community
- 4).An Overview of the Annual Academic Year Budget for Your Club (General Incoming/Outgoing Activities)
- 5). Your Club's Budget for Your Program/Activity (Include Hotel, Food, Gas, Registration Fees, Etc.) (Please Itemize)

This Form MUST Include The Following:

- A Copy of Your Most Recent Bank Statement
- A Copy of the Conference Registration Form (Travel Requests Only)
 - Your Typed Answers to This Form

Have any questions or concerns? If so, please contact Kim Mitchell by Email (mtchllkl@appstate.edu) or by phone (262-6252)



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CLUB SIGNATURES

A Club that is allocated funds may use them only for the purpose as proposed on this form. Any unused portion of allocated funds **MUST** be returned to The Center of Student Involvement and Leadership. If a Club fails to turn in receipts or travel vouchers or fails to return the unused portion of the allocation to The Center for Student Involvement and Leadership, The club's university recognition **WILL BE** withdrawn.

Before funds are allocated, a representative from your club or organization must attend a Club Council meeting to answer any further questions. Please contact a member of Club Council at 262-6251 to set up this meeting.

“ WE DO HEREBY UNDER-
STAND AND AGREE TO ALL OF
THE ABOVE REQUIREMENTS
AND SO AFFIRM THAT THIS
INFORMATION IS CORRECT ”

Faculty Advisor Signature Email

Treasurer Signature Email

President Signature Email

Receipts **MUST be turned into The Center for Student Involvement and Leadership **NO LATER** than two weeks after the event.**

OFFICE USE ONLY

Amount Approved

▶ Approved _____
Club Council President

▶ Approved _____
Vice-Chair Allocations

▶ Approved _____
Club Council Advisor

▶ Not Approved _____
Club Council President

▶ Not Approved _____
Vice-Chair Allocations



REASON FOR REQUEST OF FUNDS

HOW WILL THIS BENEFIT YOUR CLUB MEMBERS

HOW WILL THIS BENEFIT THE UNIVERSITY COMMUNITY

ANNUAL ACADEMIC YEAR BUDGET

PROGRAM/ACTIVITY BUDGET
