Stevenson Student Council Funding Request

All funding must be turned in by noon on the Wednesday before Stevenson Student Council Meetings on Thursdays @ 7:30pm in the Silverman Conference Room.

Return this form to the Stevenson College Programs Office or fax to (831) 459-5058.

Name of organization for which funding is requested: ________________________________

Name of the Event: ___________________________ Date of Event: _______________________

Amount you are requesting: ________________ Total cost of Event: ______________________

Your Contact Information:
Name: ___________________________ E-mail: ___________________________

Phone #(s): ___________________________ College Address: ________________

Name of member attending Stevenson Student Council: ________________________________

Your Affiliation: (select one)
☐ I am with an official SOMeCA organization.
☐ I am with a campus unit or non-SOMeCA organization.
☐ I am an individual unaffiliated with any sponsoring unit/organization.
☐ This is a Stevenson project overseen Programs Office and associated students.

Details of Request: (Please make sure you can answer completely or your funding request will not be accepted.)

What, when, and where are you hosting this event? ___________________________

Who is invited? __________________________________________________________________

Why are you hosting this event? __________________________________________________________________

This section is for Official Student Council use only.

To be completed by Student Council Treasurer for approved requests.

Amount Approved: ____________________ Funding Restrictions: ______________________

<table>
<thead>
<tr>
<th>Fund</th>
<th>Organization</th>
<th>Account</th>
<th>Program</th>
<th>Activity</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Debit</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Credit</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Return Fully completed form to Student Council Treasurer: __________________________

CPC Signature ___________________________ Date E-mailed to SOAR: ________________

College Fiscal Contact: ___________________________ Email: ________________ Phone: ________________

SOMeCA/College Advisor: ___________________________ Date to Fiscal: ________________