

Appropriations Request

SGA Use Only

Approved Funding Amount: \$_____ Date of Action: _____

President Signature: _____ Treasurer Signature: _____

Applications and supporting materials must be submitted by the 15th of each month for review at the beginning of the following month (September through May). Submissions may be e-mailed as attachments to SGA@uthscsa.edu (preferred), or hard copies may be submitted to the Student Life Office (Room 314L Med). Late submissions may not be accepted for consideration. **A representative from the requesting Organization must attend the SGA Appropriations Committee meeting in which this application will be discussed.** Limited funding is available on first-come, first-served basis. A written summary and photos of the activity and receipts for reimbursement must be submitted by one month after the event.

Please indicate request type*:

Community Service Travel Activity Conference

Date*: _____ Organization: _____

 Organization President's name (printed)

 Signature

Organization Current Account Balance: _____ Date: _____

Please indicate school affiliation(s)*:

Dental School Graduate School of Biomedical Sciences
 School of Health Professions School of Medicine School of Nursing

Program (if applicable): _____

Contact Name*: _____ Phone*: _____

Contact E-mail*: _____

Event*: _____

Date(s) of event*: _____ Total Budget Amount*: _____

Please describe purpose and benefit of event.*

Please describe how you will promote event beforehand.*

Please describe how you will disseminate information about the event afterwards.*

Student names* (10 max)

Student ID Number*

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

Please provide any additional relevant information about the event.*

Funding obtained from other sources or Department.* _____

Cost \$ _____
 Vendor _____
 Items _____
 Cost \$ _____

D. Other (event-specific items; be prepared to explain)

Vendor _____
 Items _____
 Cost \$ _____
 Vendor _____
 Items _____
 Cost \$ _____
 Vendor _____
 Items _____
 Cost \$ _____

Attachments to include

***required**

- Completed application form*
- For travel requests (where applicable):
 - Maps to establish mileage* MapQuest
 - Quotes for Registration, Hotel, Airfare, Train rates*
- For event requests (where applicable):
 - Quotes for catering/food services*
- Organization meeting minutes where event and request for SGA funds was discussed (will be considered in decision)

