

Associated Students of San Diego State University

FINANCIAL AFFAIRS COMMITTEE

PROPOSAL REQUEST

Organization Full Name _____ Account # 0 - ____ - ____

Is the organization a part of a College Council? ☐ Yes ☐ No What College? _____

If yes, was this proposal submitted to your College Council for consideration? ☐ Yes ☐ No

If no, why not? _____

How much are you requesting from Financial Affairs Committee? \$_____.00 (Total)

Detail of Expenses (check all that apply)

Line Item	Amount	Description
<input type="checkbox"/> Supplies - 5000	\$ _____	_____
<input type="checkbox"/> Promotions - 6400	\$ _____	_____
<input type="checkbox"/> Food - 5520	\$ _____	_____
<input type="checkbox"/> _____	\$ _____	_____
(please fill in)		

If funds are not granted how will that impact the organization? _____

Please list alternative sources to whom the organization has applied for funding.

Is request for funding time sensitive? ☐ Yes ☐ No

Please list any deadline dates that apply to this request.

Contact Name _____ Contact Phone _____

Contact E-mail Address _____

Advisor Signature _____

Advisor Name (please print) _____

For assistance completing this form, please contact the A.S. Office at 619-594-6555.

FOR INTERNAL USE

☐ Budget Report Processed

☐ Approved at _____ Financial Affairs Committee meeting for \$ _____

☐ Not approved at _____ Financial Affairs Committee meeting

☐ Postponed until the _____ Financial Affairs Committee meeting

☐ RSO verified ☐ Type of RSO _____

Written and Entered by _____ Date _____ JV# _____ Approved by _____