



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	
<input type="checkbox"/> Budget Report Processed	
<input type="checkbox"/> Approved at _____	Financial Affairs Committee meeting for \$ _____
<input type="checkbox"/> Not approved at _____ Financial Affairs Committee meeting	
<input type="checkbox"/> RSO verified	<input type="checkbox"/> Type of RSO _____
<input type="checkbox"/> General Activities Unallocated	
<input type="checkbox"/> College Council Unallocated	
Written and Entered by _____	Date _____ JV# _____ Approved by _____