



Student Club & Organization Budget Request Form

Date: _____

ORGANIZATION NAME: _____

Requesting Funding From (*check all that apply*):
 CHRP Council
 Graduate School Council
 Medical Council
 Nursing Council
 Student Center Governing Board
 School Public Health
 University Student Council

Organization Officers

PRESIDENT: _____ Phone _____ VICE PRESIDENT: _____ Phone: _____

TREASURER: _____ Phone _____ SECRETARY: _____ Phone: _____

Organization's Budget Plan for THIS Year PROJECT (Detail the program and expenses from this YR)	Approximate ATTENDANCE	EXPENSES \$	Organization's Budget Plan for NEXT Year PROJECT (Detail the program and expenses for next YR)	EXPENSES \$

PLEASE TYPE ALL INFORMATION