DOWNSTATE
HEALTH SCIENCES UNIVERSITY

Budget Request Form – June 1st 2024 to May 31st 2025

Please check all that apply: ____ Med-Council Funding and/or ____University Council Funding

ORGANIZATION NAME: _____ PRESIDENT:_____TREASURER: _____

PAST AND SCHEDULED EVENTS: (Detail programs and expenses from this year 2023-2024)	ATTENDANCE	EXPENSES	PROJECTED EVENTS AND COSTS FOR THE 2024-2025 YEAR	ANTICIPATED EXPENSES
		Total:		**Total:**

PLEASE TYPE ALL INFORMATION