



Interim Budget Request Form

Date: _____

Please check one box:

University Council Funding ONLY

Med Council Funding ONLY

Other: _____

ORGANIZATION NAME: _____

PRESIDENT: _____

VICE PRESIDENT: _____

TELEPHONE: _____

TREASURER: _____

PROJECT	ITEMIZED EXPENSES	AMOUNT REQUESTED FROM UNIV COUNCIL	AMOUNT REQUESTED FROM MED COUNCIL	AMOUNT REQUESTED FROM OTHER SOURCE (please specify)

USE THE BACK OF THIS FORM IF MORE SPACE IS NEEDED. PLEASE WRITE LEGIBLY AND CLEARLY. ILLEGIBLE REQUESTS WILL BE REJECTED.