

# Budget Request Form

**For Office Use Only**  
 Amount requested: \_\_\_\_\_  
 Amount approved: \_\_\_\_\_

**Student Organization:** \_\_\_\_\_

**Fall or Spring Term**

**Year:** \_\_\_\_\_

**Number of Members:** \_\_\_\_\_

**Fundraised Carryover Money:** \_\_\_\_\_

**Expenditures**

Student Activities Funds are primarily designed to pay for programming events for members of an organization or the campus community in general or for the general public. Preference is given in this order:

- 1) Events open to all registered Pitt-Titusville students;
- 2) Events open to all Pitt-Titusville students, faculty and staff;
- 3) Events open to the campus community and the general public;
- 4) Events open to organization members only.

Please select one of the above criteria (1-4) to indicate who the program is open to, rank the student organization's preference to complete that event/program, the needs for that program, and the amount the student organization is requesting to fulfill that event/program.

Criteria	Rank	Event	Need	Amount Requested
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Travel and Conferences**

Travel expenses cannot exceed more than \$300 per student attendee in any term. Provide information for the student budget committee to review in processing your request. The amounts indicated are the maximum allowable payments available for each part of the travel need. Please list:

Event: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Expense Need:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Location: \_\_\_\_\_  
 Number Attending: \_\_\_\_\_  
 Amount Requested:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Plans for fundraiser(s) and community service project(s) during the term:

\_\_\_\_\_

**Total Amount Requested:** \_\_\_\_\_

I have read and understand all policies and procedures and agree to abide by all regulations set forth in the Student Organization Manual.

Organization President/Treasurer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Organization Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_