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## AS&F CLUB & ORGANIZATION BUDGET REQUEST

**\*NOTE:** ANY REQUEST(S) FOR MONETARY SUPPORT FROM AS&F SHOULD BE PROCESSED WITH THIS FORM BEFORE A BILL IS SUBMITTED.

<b>Budget Year:</b>		<b>Circle One:</b>	<b>Determinate Amount</b>	
			<b>Indeterminate Amount</b>	
<b>Name of Club/Organization</b>				AS&F Initials:
<b>Club Account:</b>		<b>Amount:</b>	\$	
<b>AS&amp;F Account:</b>		<b>Amount:</b>	\$	
<b>Type of Request</b> (Circle One)	<b>Supplemental</b>	a request for additional money towards a <b>club's</b> annual budget		
	<b>Emergency</b>	an unexpected event that was not budgeted into a <b>club or organization's</b> budget		
	<b>Sponsorship</b>	a request seeking funding; event/program requiring a speaker, comedian, or special guests (\$650.00); donations		
	<b>Other</b>	(state reasoning for request of monetary support)		
<b>Title of Request:</b>				
<b>Date of Program:</b>			<b>Time of Program:</b>	
<b>Duration of Program:</b>				
<b>Location of Program:</b>				
<b>Are you receiving funding from another source? Amount?</b>				
<b>What will the funds be used for?</b>				

Requested by (Print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

AS&F VP of Finance(Print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

AS&F President (Print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

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## AS&F TRAVEL REQUEST

Date of Request \_\_\_\_\_

1. Destination:

\_\_\_\_\_

2. Confirmed: Number of students attending the trip: (\*Note: Attach a roster)  Checked by AS&F

Advisors:

3. Type of Transportation needed:

4. Date & Time of Departure:

5. Date & Time of Return:

6. Purpose for which trip is being made:

7. Specific arrangements for class sessions:

**Expenditure Calculations are attached & verified**

AS&F Vice President of Finance

APPROVED \_\_\_\_\_

DISAPPROVED \_\_\_\_\_

AS&F Chief Justice

APPROVED \_\_\_\_\_

DISAPPROVED \_\_\_\_\_

\_\_\_\_\_  
Requested by (PLEASE PRINT)

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Advisors Signature \*If you are aclub, this must be signed.

\_\_\_\_\_  
Date:

\_\_\_\_\_  
AS&F President's Signature

\_\_\_\_\_  
Date:

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## Associated Students & Faculty (AS&F) Government Contract

I understand the event and/or program I am participating in is funded by Adams State College Associated Students & Faculty (AS&F) Government. School policies must be adhered to at all times, in adherence with state and federal regulations and requirements.

I agree that if I do not fulfill my responsibilities as an individual to adhere to the rules, polices and regulations of Adams State College, I will accept all consequences and punishments deemed fit by the Dean of Student Affairs. My consequences and punishments may include, but are not limited to, the reimbursement to the school and/or AS&F Government. I have read the above statements, and understand that the Dean of Student Affairs will have a hold on my account in the event that I fail to reimburse the school and/or AS&F Government.

**Clearly Print** your name and **Initial** on the same line.

_____	_____
_____	_____
_____	_____
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