



FACULTY STUDENT ASSOCIATION
OF DOWNSTATE MEDICAL CENTER, INC.

Date Completed _____

[online instruction link](#)

Instructions: 1. Complete this form (pages 1 & 2),
2. Attach the detail expense budget approved by the student council (Budget Sheet),
3. Attach the meeting minutes showing the budget detail was approved by the student council.
Submit all 3 documents to Sheila Duffy at FSA Business Office (MailStop1219; StuCtr Rm 2-03) by deadline.

SAF BUDGET REQUEST AND AGREEMENT FOR FISCAL YEAR: **June 1, 20** **thru May 31, 20**

NAME OF STUDENT ORGANIZATION: _____

Officer	Print Name	Term of Office Ends (date)	Campus Box #	Phone # (best way to reach you)
President				
Vice President				
Secretary				
Treasurer				

THE FOLLOWING SIGNATURE(S) WILL BE VALID FOR PAYMENT AUTHORIZATIONS (check your council bylaws – some do specify authorized signator requirements):

Signature	X	Signature	X
Print Name & Title		Print Name & Title	
Signature	X	Signature	X
Print Name & Title		Print Name & Title	

Check One: ☐ JOINT or ☐ SINGLE SIGNATURES ARE REQUIRED FOR DISBURSEMENTS.

Other signature restrictions, if any (insert any special instructions such as club accounts which may have different authorized signatures)

SAF Income: Write here how you calculated the SAF income (#students times your Council's SAF rate) and place the total in the New Budget Request column for the line marked "SAF income":

SAF Income: \$ _____

Other Income: Note here any other income sources and amounts, including any anticipated rollover (unused funds at May31st), fundraising, event fees, advertising income, etc... and place the total in the line "Other Income" column for the line marked "other income":

Other Income: \$ _____

TOTAL ESTIMATED INCOME: \$ _____

Add/ attach a Budget Expense Sheet approved by the Council. Total Income should = Total Expenses.

(Insert Name of Student Organization)

Depositor recognizes that FSA acts in a fiduciary capacity with T&A Accounts and insofar as depositor's account is a T&A Account, FSA assumes no liability for depositor's actions and/or agreements or commitments with any third parties. FSA assumes liability only with respect to its duties as an agent for custody and disposal of funds. Depositor agrees to hold harmless the FSA from any and all actions against it resulting from actions of depositor. In recognition thereof, this application is presented for review and certification.

Agreed and Accepted:

X _____
Applicant's Main Representative Signature

Date

Send (1) THIS COMPLETED "SAF BUDGET REQUEST AND AGREEMENT", (2) YOUR COUNCIL'S MEETING MINUTES and (3) THE DETAIL EXPENSE BUDGET APPROVED BY YOUR COUNCIL to the FSA BUSINESS OFFICE (DMC BOX 1219); one copy of document will be returned after certification.

DO NOT WRITE BELOW THIS LINE (FSA USE ONLY)

CERTIFICATION

Approved in accordance with the FSA guidelines entitled "Policies and Procedures for Trust and Agency Accounts" and "SUNY Board of Trustee Guidelines on Student Activity Fees".

Certification Comments:

CERTIFIED BY _____ Date of Certification: _____
SIGNATURE