Gavilan College Associated Student Body

Budget Request Form

To request financial support from ASB, please **complete this form** and submit at the least, three (3) weeks prior to event. The requestor or a representative must be present at the ASB Senate meeting when this request will be considered. *Priority consideration is given to current ASB card holders*.

1.	Check the semester in which	ch the funds will be used.	_Fall 20
			_Spring 20
2.	Date of Request:		
3.	Name of person requesting	the funds:	
4.	Name of organization/depa	rtment/club:	
5.			
6.			
	Purpose of request (i.e. play reading series, breast cancer awareness, etc.):		
-			
8.	Amount requested: \$	Needed by:	
Describ	e how the funds will be used	. Attach additional document	tation as needed.
Date rec	quest was received by ASB:	by:	
			ASB Member
		Approved by ASB of	n
			Date
		Approved by Signature:	