

FUND REQUEST FORM

Organization Name:		
Date Submitted:	Semester: Fall \Box	Winter □ Summer □
Cheque Section (So we know who to we Cheque paid to (organization or person): Student or SIN # (if applicable): Amount requested: \$		Would you like to have the cheque held in the UFV Student Union Society office or have it mailed to your home address? Hold Mail Direct Deposit to student organization account (Include void cheque or address)
Requester Section (For the completing	this form so we can keep	ep in contact)
Requested by:		
Phone:		,
Position:	Email:	
Student #:	Signature:	
Brief description of the event: :		
Date(s) of the event(s)		
*In case of more information, attach anoth	ner sheet/document	
Authorization Section: (Must be signed by	ry two signing authorities)	
The person who the cheque will be paid to (as listed a	in the <u>Cheque Section</u>) m	may \underline{NOT} be one of the authorizing signers below
Authorized by: Print Name	Signatu	ture
Authorized by: Print Name	Signatu	ture



Forward this completed form and attachments to the **Student Union Society** office in Abbotsford (C1015) or Chilliwack (A0010) or scanned and emailed to finance@ufvsus.ca. From the date of receipt, the **Student Union Society** reserves up to three (3) weeks to review the information and make a decision. Receipts verifying the use of funds must be sent to the **Student Union Society** no later than fifteen (15) days following the completion of the event for which funds were requested.

Please complete this section if you are not a student organization, or if you are a student organization requesting more than \$300.

EVENT BUDGET PARTICULARS

EXPENSES	REVENUES	
Administrative	Registration Fees \$	
Photocopying \$	Ticket Sales \$	
Supplies \$	Bar Revenue \$	
Licensing Fees, etc \$	University Contributions	
<u> </u>	Faculty	\$
\$	Department	\$
T	Club (s)	\$
Production	Corporate Donations	#
Room Charges \$	Corporate Donations	\$
Table/Chair Rental \$		\$ \$
Staging \$		
Audio/Visual rental \$		\$
\$	Other	
\$		\$
P. 4. 1		\$
Refreshments		\$
Food \$		\$
Non-alcoholic Beverages\$		\$
\$		\$
\$		\$ \$
The state of the s		\$ \$
Promotions		
Newspaper \$		\$
Posters/handbills \$		\$
Banners \$		\$
\$		\$
\$		\$
		\$
Travel		\$
Gas \$		
Other transportation \$	TOTAL REVENUES	\$
Accommodation \$	_	T
Food \$	TOTAL EXPENSES	\$
\$		Ψ
	=	
	SURPLUS/DEFICIT	\$
Other	SUS GRANT REQUES	STED
\$		\$
\$		
By signing below, I affirm that I have read and	understand the stipulatio	ns regarding the above
mentioned fund request process.		