



SENATE FINANCE COMMITTEE

FLORIDA INTERNATIONAL UNIVERSITY · STUDENT GOVERNMENT COUNCIL · BISCAYNE BAY CAMPUS

REQUEST FORM

IMPORTANT NOTE: The completed Finance Committee Request Form must be submitted **at least four (4) weeks** before the date of the program. In order to complete the form, you may need to gather additional documents or signatures from various individuals and departments on-campus and off -campus. Additionally, revisions may be requested before the form can be accepted. Allow sufficient time to complete all of these tasks and still be able to turn in the form **at least four (4) weeks** before the date of the program.

CONTACT INFORMATION

Student/Representative Name			Panther ID#	
Organization/Department Name			Street Address	
City	State	Zip Code	Email Address	Telephone #
Total Amount Requested			Program Title	

Your request for Activity & Service Funds cannot be considered unless the following tasks are completed:

TASKS

INITIALS

- Complete this form. Answer all questions completely and print out a copy. _____
- Attach copies of quotes, invoices, detailed budget, receipts, publicity materials and all other required supporting documentation. Obtain all approvals and signatures. _____
- Make three (3) copies of the completed Finance Request Form and all supporting documentation. Keep the original for your records and meetings. _____

FINANCE COMMITTEE QUESTIONNAIRE

Please submit a short program proposal with your request for the Student Government Association.

The proposal must include the following information in order for the Student Government Association to consider it.

Program Description		
Date and location of the program		Event location confirmation
Number of Active Members	Description of your organization	
Will this program be open to ALL FIU students?		If yes, what is the estimated number of FIU students affected by your program?
Yes No		
How will this program related to the mission of the Student Government Association and/or Florida International University?		
Are you hiring or contracting a promoter for this event?		If yes, please provide the name and contact information of the promoter:
Yes No		
Are you selling tickets for this event?		If yes, you must contact the Accounting Office at 305-919-5223.
Yes No		
Have you been fundraising?		If yes, how much have you raised?
Yes No		\$
Do you have any other sources of funding?		If yes, please list sources and amount
Yes No		
		\$
		\$
Are you collaborating with any other student organization:		If yes, which organizations?
Yes No		

If funds are not granted, how will this impact your organization?

If the Student Government Association funded this event in previous years, using a separate sheet of paper describe the significant success/failure of the program during previous years. If there were failures, what is your plan to avoid them this year?

Please sign below affirming you have read and will adhere to the Student Government Association funding guidelines and regulations (Available online at www.fiu.edu/~sga).

Official Representative	Date

EXPENDITURE BREAKDOWN

CONFERENCES, LECTURES AND PRESENTATIONS

A half page biography or profile of any artist or speaker who will receive a fee and topic of discussion of the event must be attached

Artist/Speaker	Program Location	Total Cost
TOTAL ARTIST FEE:		\$

STUDENT RESEARCH PROJECT

The description of the project, the project expenditure breakdown and a written recommendation from the faculty advisor on the project must be attached.

# of Students on team	Research Project Title	Department	Length of Project	Total Cost
TOTAL RESEARCH PROJECT:				\$

PUBLICITY AND PRINTING

All publicity materials must be attached.

Company	Type of material requested	# of units	Cost per item	Total Cost
TOTAL PUBLICITY:				\$

PROFESSIONAL DEVELOPMENT REGISTRATION FEES

The reasons explaining why attendance to the conference or organizations is essential to the mission of the organizations must be provided.

Please attach additional sheet explaining the purpose if necessary.

Purpose	# of people attending	Cost per person	Total Cost
TOTAL PROFESSIONAL DEVELOPMENT:			\$

AIRLINE TRAVEL				
All travel arrangements must be done on your own. Airline travel requests cannot exceed \$600.00 per year.				
Company	Destination	# of people traveling	Cost per person	Total Cost
TOTAL AIRLINE TRAVEL:		\$		

TOTAL FINANCE REQUEST			
TO BE COMPLETED BY REPRESENTATIVE		FOR SGC-MMC SENATE FINANCE COMMITTEE USE ONLY	
Item Description	Requested Amount	Recommendation	Stipulations
Artist Fee			
Research Project			
Publicity			
Professional Development			
Airline Travel			
Total Expenses			

PLEASE NOTE: If funds are **approved**, they must be claimed **up to four (4) weeks** after the day the date of approval.

FOR OFFICE USE ONLY		
APPROVED REJECTED	Amount Approved	Appropriation Authors
	\$	