

UHMC ACTIVITY REQUEST FOR FUNDING

Student Government Council / Student Activities Council Form

Name of Requesting Organization: _____

Contact Person(s)* _____

Phone/Cell: _____ Email: _____

* Notification of award will be directed to this person.

Name of Activity: _____

Date(s) of Activity: _____ Time of Activity: _____

Location of Activity: _____ Estimated Attendance: _____

Vendor Name: _____

Please attach an outline of your action plan for the activity, including timetable, tasks, deadlines, and individuals responsible for the event, etc.

How will this activity benefit the general population of the campus and community?

Any Co-Sponsoring Organization(s): _____

Are Co-Sponsoring Organization(s) contributing funding Yes No

If yes, how much? \$ _____

Are you charging admission? Yes No If yes, admission price: \$ _____

Do you expect any profits? Yes No If yes, expected profit: \$ _____

Signature of Contact Person/Date

Signature of Advisor/Date

UHMC ACTIVITY BUDGET ESTIMATION WORKSHEET

Student Government Council / Student Activities Council Forms

Name of Vendor: _____

Organizer: _____

*Please include a quote if possible

Method of Payment (Purchase Order)	Source/Description	Quantity	Unit Price	Amount
			Sub-total	
			Shipping	
			Handling	
			Tax: 4.166%	
			Total Request	

Comments:
Cash tips to vendors are **not** allowed

Signature of Contact Person Organizer

Date