

**STUDENT GOVERNMENT ASSOCIATION**  
**BUDGET REQUEST FORM**  
**2008-2009**

\*Completed form must be submitted to the S.G.A Treasurer **ONE WEEK** prior to the Budget Committee Meeting. Go to SGA website for meeting dates, or contact the Treasurer at [sgatreasurer.bk@sjcny.edu](mailto:sgatreasurer.bk@sjcny.edu).

Club/Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_ ~ \_\_\_\_\_ ~ \_\_\_\_\_

Club E-mail: \_\_\_\_\_@student.sjcny.edu

Event: \_\_\_\_\_

Description of event: \_\_\_\_\_

Date of event: \_\_\_\_\_ Estimated attendance: \_\_\_\_\_

\*To determine the amount of money needed from Student Government funds, please provide the following information, using CATEGORIES provided on the reverse side of this form.

ESTIMATED EXPENSES		
CATEGORY	Description (# of items, vendor, etc.)	ESTIMATED COST
		\$
		\$
		\$
		\$
		\$
<b>TOTAL</b>		\$

\*List all sources of income and the amount expected. Be sure to include ticket sales, donations, co-sponsorships, etc.

ESTIMATED INCOME	
SOURCE (\$)	AMOUNT OF MONEY
	\$
	\$
	\$
	\$
	\$
<b>TOTAL</b>	
	\$

\*To determine the amount of money needed from SGA Funds, subtract the **ESTIMATED INCOME** from the **ESTIMATED EXPENSES** to get the **TOTAL COST** for the event.

**TOTAL ESTIMATED EXPENSES:** \$ \_\_\_\_\_  
**(minus) TOTAL ESTIMATED INCOME:** - \$ \_\_\_\_\_  
**(equals) TOTAL COST FOR EVENT:** = \$ \_\_\_\_\_

Moderator's Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>For Office Use Only:</b> Date of submission: ____/____/____ Approved: ____ Denied: ____ Resubmit: _____ Notes:
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