



ASCMC Student Clubs Activity Funds Request

Please complete this form and return it to ASCMC for review

Name of Club:	
Club Representative:	
Club Representative Position:	
Email Address:	
Phone #:	

Funds Request Information

Please describe the purpose for requesting funds from the ASCMC Student Clubs Activity Account:

Please provide a detailed list of items for the activity your Club is requesting these funds for.
Please include any backup documentation that you have and attach it to this form.

Item	Description	Cost/Estimate

Total Items Cost/Estimate: \$ _____

Total Funds Approved* by ASCMC: \$ _____

*If denied, see explanation below

Approval Signatures:

Club President:		Date:
Club Faculty Advisor:		Date:

ASCMC President:		Date:
Faculty Advisor:		Date:

Denial Explanation:
