



Copper Mountain Community College District

Student Clubs Activity Funds Request



Please complete this form and return it to the ICC Chairperson for review at icc@ascmc.cmccd.edu and/or the ICC inbox at the ASCMC desk no later than 48 hours prior to the next ICC meeting.

Name of Club _____

Club Representative _____

Club Representative Position _____

CMC Student Email Address _____

Contact Phone # _____

Funds Request Information

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

Please provide a detailed list and description of items related to this request. Be sure to include any related supporting documentation with this form upon submission. **NOTE:** "Up to" value requests will only be reimbursed for actual expenses of stated activity on this form.

Item(s)	Description	Cost/Estimate
		\$
		\$
		\$
		\$
		\$
		\$

Club Representative Acknowledgement

By signing this form, the representatives attest that they are acting on behalf of the above-mentioned Club and are authorized by said Club to make this request.

Club Officer _____ **Date** _____
Signature

Club Advisor _____ **Date** _____
Signature

For ASCMC Use Only

Request Approved+ **Amount Approved** \$ _____

Request Denied*

*Denial explanation provided below.

+Upon approval, please submit signed form to the CMC Business Office to complete transfer of funds to the Club approved for this request. If "up to" values are stated, funds will be transferred by the CMC Business Office for each submitted expense related to approved activity, not to exceed stated "up to" value.

ASCMC Authorized Representatives

ASCMC Officer _____ **Date** _____
Signature

ASCMC Advisor _____ **Date** _____
Signature

Denial Explanation (if applicable)