



# 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](mailto:icc@ascmc.cmccd.edu) and/or the ICC inbox at the ASCMC desk **no later than 48 hours prior to the next ICC meeting.**

Date of Request

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Name of Club

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Club Representative

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Club Representative Position

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CMC Student Email Address

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Contact Phone #

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### Funds Request Information

Please describe the purpose for this request:

Please provide a detailed description of all proposed purchases related to this request, including the cost breakdown. Be sure to include any supporting documentation with this form upon submission. **NOTE:** "Up to" value requests will only be reimbursed for actual expenses related to the stated activity on this form.

Total Request

\$

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# 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 reimbursement request 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)