

**North Central Missouri College
Budget Request Form**

Name of Student Organization: _____ Advisor's Name: _____

Account number: _____

PREVIOUS FISCAL YEAR INFORMATION

Original FY Allocation: _____

Additional Approved Funding Request Amounts: _____

Total FY Allocations: _____

MEMBERSHIP - Please list the number of members you had in each category:

	Prior FY	Current FY
New Members		
Returning Members		
Total:		

PLANNING

On average, how many students attend activities sponsored by your organization? _____

The most at a single event?: _____

Please describe your organization's goals for this year.

ALLOCATION - Provide your organizations planned expenditures for this fiscal year.

Estimated Expenses:

	Amount
Programming Supplies	
Food	
Equipment	
Travel	
Other	
TOTAL	

Estimated Revenue

	Amount
Dues	
Sales	
Sponsorships	
Fundraising	
Other	
TOTAL	

TOTAL REQUESTED: _____

For Student Senate Use Only

Received within three weeks of Senate's First Meeting: _____ Yes _____ No

Final Amount Approved: _____