

**North Central Missouri College Student Senate
Student Organization Special Event Funding Request Form**

Name of event: _____ **Date of event:** _____

Type of request: ___Project ___Conference ___On-campus
 ___Off-campus ___Other (please explain) _____

Name of Organization: _____

Amount Requested: _____ **Organization Budget Number:** _____

of current members: _____ **# of members participating in event:** _____

Is this a joint venture (sponsored by 2 or more organizations) ___Yes ___No If yes, please provide name of the other student organization: _____

Description of event:

Expenses of event (include major categories, such as speaking fees, advertising, supplies, etc)*:

*Proposals over \$250 or greater must include quotes from three different service providers

Projected income *Revenue generated from event must have 50% returned to Student Senate, up to the total amount allocated:

Benefits to the organization and North Central Missouri College:

Amount of funding received from other source(s):

Organization President/Treasurer signature: _____ **Date:** _____

Advisor/Sponsor signature: _____ **Date:** _____

MUST BE RETURNED TO STUDENT SENATE VICE PRESIDENT AT LEAST SEVEN CALENDAR DAYS BEFORE THE EVENT

For Student Senate Use Only

Student Senate VP Signature: _____ **Date Application Received:** _____

Student Recognition/Update Form filed: _____Yes _____No

Attendance at two Student Senate meetings , immediately prior to the meeting at time proposal is introduced:

_____Yes _____No

_____ **Provided to Secretary for placement on agenda**

_____ **Copies made for Executive members**

Majority approval: _____Yes _____No **Amount approved:** _____ **Date of Vote:** _____

Date transferred into organization account: _____