

**OFFICE USE ONLY:**

Control # \_\_\_\_\_  
\$ \_\_\_\_\_ Acct.# \_\_\_\_\_  
\$ \_\_\_\_\_ Acct.# \_\_\_\_\_  
\$ \_\_\_\_\_ Acct.# \_\_\_\_\_

# FUNDING REQUEST FORM

## Associated Student Government Los Angeles City College

Funding requests must be turned in to the Student Activities Center (SAC) at least **five (5) working days** before the next Finance Committee Meeting in order to be placed on the agenda. Also, **all required documents must be attached in order to be posted on the agenda.**

**Name:** \_\_\_\_\_ **Date filed:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Name of Activity:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Date of Activity:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Purpose for Funding:** \_\_\_\_\_

**This activity shall significantly:** (Mark at least one)

- Provide avenues for the student body to serve and assist the community in addressing societal problems including, but not limited to, educational and socioeconomic disadvantages
- Provide services that address the general health, well-being, and overall development of students
- Provide programming and academic opportunities that supplement the general curriculum of the College, thus enhancing and enriching the educational experience of the campus community
- Support the academic success, retention, and recruitment of students, staff, faculty, and administrators
- Help to create a campus environment that will increase the interaction and dialogue among culturally diverse communities

**Required Documents to attach to this request:**

- Event Request Form (*\*If requested fund is for an event, Event Request form must be turned in with the Funding Request form. If it is for a recurring club meeting, a photocopy of the initially submitted Event Request form must be attached. If not, Event Request Form is not necessary, unless asked for by the Vice President of Finance.*)
- Club meeting minutes approving activity and request for money (*Signed by Club President and Advisor*)
- Itemized budget of items to be purchased (*Include every item name, price, and taxes*)
- Explanation of the activity purpose (*Such as event details, projected impact to the quality and culture of the student body, projected number of students to attend, event flyer, etc. The more you explain about the event, the faster it is to have your funding processed.*)
- Three (3) quotes/estimates for the requested good(s) or service(s) (*\*Only when the requested amount is \$100 or more.*)

Vendor or Payable to (if you anticipate for someone to advance the money for this purchase, please put person's name and address):

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_

Processed as:  Direct Payment  Reimbursement and  For pick up  To be mailed

Amount Requested: \_\_\_\_\_

Vendor or Payable to (if you anticipate for someone to advance the money for this purchase, please put person's name and address):

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_

Processed as:  Direct Payment  Reimbursement and  For pick up  To be mailed

Amount Requested: \_\_\_\_\_

**Total Amount Requested:** \_\_\_\_\_

---

**FOR ASG OFFICE USE:**

**Finance Committee meeting date:** \_\_\_\_\_

Motion of Approval: \_\_\_\_\_

Moved by: \_\_\_\_\_

Seconded by: \_\_\_\_\_

Account Charged: \_\_\_\_\_

Votes:

ASG VPF  Yes  No

Faculty  Yes  No

Advisor  Yes  No

ASG President  Yes  No

Senator  Yes  No

**Pass/Fail:** \_\_\_\_\_



**ASG Senate meeting date:** \_\_\_\_\_

Motion of Approval: \_\_\_\_\_

Moved by: \_\_\_\_\_

Seconded by: \_\_\_\_\_

Votes:

ASG President  Yes  No

EVP  Yes  No

VPF  Yes  No

VPC  Yes  No

Senator 1  Yes  No

Senator 2  Yes  No

Senator 3  Yes  No

Senator 4  Yes  No

Senator 5  Yes  No

Senator 6  Yes  No

Senator 7  Yes  No

Senator 8  Yes  No

Senator 9  Yes  No

**Pass/Fail:** \_\_\_\_\_

---

*If denied, state reason for administrative denial:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If approved, please sign below:**

**ASG President**

**ASG Advisor**

**College Business Officer**

**College President**

\_\_\_\_\_  
Date: \_\_\_\_\_

\_\_\_\_\_  
Date: \_\_\_\_\_

\_\_\_\_\_  
Date: \_\_\_\_\_

\_\_\_\_\_  
Date: \_\_\_\_\_

---

**ITEMIZED BUDGET LIST**

Name of Vendor/Store	Item Description	Unit Price	Quantity	Total

---

*FOR ASG OFFICE USE:*

Maximum allowable amount: \_\_\_\_\_

Account Charged: \_\_\_\_\_

---

*If denied, state reason for administrative denial:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*If approved, please sign below:*

ASG President

ASG Advisor

College Business Officer

College President

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_