College of Management Student Advisory Board
Activity/Event Fund Request

Organization Information –

1. Organization requesting funds: __________________________

2. Name of the organization representative: __________________________

3. Semester (circle): Fall 20____  Spring 20____

4. Total number of members in your organization: ____________

5. Total number of active members: ____________

Funding Request –

6. Total amount being requested: ____________

7. Date of event/activity: ____________

8. Please give a description of your activity/event:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

9. Number of COM students exposed to this event: ____  Students outside COM: ____

10. Have you requested Student Senate funding for this activity/event? Please explain.
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

11. Have you conducted fundraising for this activity/event? Please explain.
________________________________________________________________________
________________________________________________________________________
12. Detailed budget for the activity/event, including any additional revenue sources (i.e. fundraisers, ticket sales, other funding requests, etc.):
   *Feel free to attach an additional page if necessary.*

**EXPENSES**

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| 1. | $  
| 2. | $  
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| 5. | $  
| 6. | $  

Total Expenses: $  

**REVENUE (including amount of COMSAB request)**

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| 1. | $  
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Total Revenue: $  