

OFFICIAL USE ONLY:

SGA Treasurer: _____

SGA Advisor: _____

Amount Approved: _____

BUDGET REQUEST FORM

St. Thomas Aquinas College
Student Government Association
Romano Student Alumni Center – Room 11
125 Route 340
Sparkill, NY 10976

Organization _____

Advisor Signature _____

Organization President & Contact _____

Date of Request _____

Please fill out a separate chart and explanation for each event. Attach additional sheets if necessary.

1. Event _____ **Event Date** _____

| <i>Requested Items</i> | <i>Requested Cost</i> |
|------------------------|-----------------------|
| | |
| | |
| | |
| | |
| | |

Total Request _____

How will this event benefit students and why will students attend?

2. Event _____ **Event Date** _____

| <i>Requested Items</i> | <i>Requested Cost</i> |
|------------------------|-----------------------|
| | |
| | |
| | |
| | |
| | |

Total Request _____

How will this event benefit students and why will students attend?

3. Event _____ Event Date _____

| <i>Requested Items</i> | <i>Requested Cost</i> |
|------------------------|-----------------------|
| | |
| | |
| | |
| | |
| | |

Total Request _____

How will this event benefit students and why will students attend?

4. Event _____ Event Date _____

| <i>Requested Items</i> | <i>Requested Cost</i> |
|------------------------|-----------------------|
| | |
| | |
| | |
| | |
| | |

Total Request _____

How will this event benefit students and why will students attend?

Total Request For All Events: _____