



**COLLEGE of
CENTRAL
FLORIDA**
-an equal opportunity college-

**OFFICE OF STUDENT LIFE
STUDENT ACTIVITIES BUDGET
ADDITIONAL FUND REQUEST**

Name of club/organization: _____ Advisor: _____

Date of request: _____ Amount of request: \$ _____

Description of event or activity funds will be used for: _____

Date of event: _____ Time of event: _____ Location of event: _____

Has fundraising been done? Yes No If yes, how much? \$ _____

Reason for requesting additional funds beyond initial budget allocation: _____

Club Officer Signature _____

Date: MM/DD/YY _____

Advisor Signature _____

Date: MM/DD/YY _____

For Office Use Only

Received in OSL: _____ Sent to Vice President for Student Affairs: _____
Date: MM/DD/YY Date: MM/DD/YY

Sent to Senior Vice President: _____ Sent to Student Life Committee: _____
Date: MM/DD/YY Date: MM/DD/YY

Action taken by committee:

- recommended
- denied
- request for further information (please describe) _____

Sent to the president for approval: _____
Date: MM/DD/YY

Sent to Grants and Accounting specialist: _____
Date: MM/DD/YY