

UH Organization Funding Request Form 07-08

Use this form to request funds and document spending for:

Hall Council

UHBSA

RHAC

You must get approval to use funds **PRIOR** to purchase.

Before Project

- \$ Fill out Project Description, Funding Request and **Part 1** (on page 2 of this form).
- \$ Submit to the appropriate organization for funding approval.
- \$ If you will use LC funds or University funds, you must use the appropriate forms and get appropriate signatures.

After Project

- \$ On page 2, Complete **Part 2** and **Part 3** (if seeking reimbursement).
- \$ Attach required receipts (no receipts, no money) and turn in within 7 days of your project.
- \$ When receiving reimbursement from the university, please fill out appropriate forms. You will **NOT** be reimbursed for sales tax. OSU is a tax-exempt organization.

PROJECT DESCRIPTION (The Details of Who, What, Why, When & Where)

Project Name:	Today's Date:
Project Planner:	Project Date and Time:
Address:	Location:
Phone:	Target Audience:
Email:	Anticipated Attendance:
Organization:	

Description of the Project: What are you doing? Include presenter information (first and last name, title, department, email) if applicable:

What student needs are being addressed by this project?

FUNDING REQUEST	Funds requested from	Amount Requested
		\$

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Part 1. Complete before you request funding!		Part 2. Complete after project. Be sure to attach receipts.			
FUNDING	Budgeted		Actual	Amount Received	Affix Receipts Here
	Funding Source Organization / Building Fund	Amount Requested			
Total Funding: \$		\$			
EXPENSES	Budgeted Cost		Actual Cost		
	Planned Purchase	Budgeted Cost			
Total Costs: \$		\$			
To Be Completed by Approval Agent (The Person Authorizing Spending)			Actual Costs should not exceed funding received.		
Date			Actual Attendance:		
Amount Approved			How did the project meet the intended student needs?		
Signature of Approval					
Organization					

Part 3. Reimbursement						
Check Made out to:	Reimbursement Amount	↓ TREASURER ONLY ↓	Check Number	Date	Amount	Fund(s)
Address:	\$					
Phone:				Signature of Check Recipient		Date
Check Made out to:	Reimbursement Amount	↓ TREASURER ONLY ↓	Check Number	Date	Amount	Fund(s)
Address:	\$					
Phone:				Signature of Check Recipient		Date