

# Request for Funds Form

Start Here	Student Government Info	Person/Vendor getting paid
	Contact name:	Vendor: _____
	Student Government	Contact Name: _____
	Phone	Address: _____
	Email	City/State/Zip: _____
		Phone: _____ Fax: _____
		UIN: _____
		Email: _____

Step 2	General Information		
	Meeting/Event Title & Purpose		
	Date & Time		
	Location		
	# of Attendees/		
	For IRS purposes, international students check here		College of Medicine Student
	Supplies   Equipment   Furniture   Food   Promotional Items   Travel Grant   Giveaways   Reimbursement   Vendor Payment   Project Grant		
	Detailed Description	Quantity	Amount
	(Provide details for desired items or items ordered)		
	1		
2			
3			
4			
5			
6			
7			
Person placing the order and phone number provided to vendor =		GRAND TOTAL =	

Step 3	Approvals	
	Requestor's Signature: _____ (Student's Signature)	Date _____
	Approval Signature: _____ (Student Government Officer)	Date _____
	Student Government Advisor's Signature: _____	Date _____