

Indicate your priority # for this event: \_\_\_\_\_

**ASSOCIATED STUDENTS FUNDING REQUEST – LINE ITEM**  
**For 2007-2008 Fiscal Year**  
**Associated Students – Office of Student Life**

Name of Organization: \_\_\_\_\_

Student Officer: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Advisor Name: \_\_\_\_\_

(For Registered Clubs) What year did the club first register? \_\_\_\_\_

Purpose of the organization: \_\_\_\_\_

Name of Event/Description: \_\_\_\_\_

How does this event affect your mission? \_\_\_\_\_

Estimated Date of event? \_\_\_\_\_ # of Students event affects: \_\_\_\_\_

Proposed site of event? \_\_\_\_\_

Will admission be charged? YES NO Is it for fundraising? YES NO

In the past, have you received A.S. Funding for this event? YES NO

| Line Item Costs                | Cost Breakdown | Amt. Requested | Senate Finance Recommendation (office use only) | Amount Allocated (office use only) |
|--------------------------------|----------------|----------------|---|------------------------------------|
| 1. Printing/Copying            |                |                |   |                                    |
| 2. Contracts (ex. DJ, Speaker) |                |                |   |                                    |
| 3. Supplies                    |                |                |   |                                    |
| 4. Security                    |                |                |   |                                    |
| 5.                             |                |                |   |                                    |
| 6.                             |                |                |   |                                    |
| 7.                             |                |                |   |                                    |
| 8.                             |                |                |   |                                    |
| <b>TOTAL</b>                   |                |                |   |                                    |

By signing below, I declare my personal and thorough understanding of the regulations required to request funds from the Associated Students. I further declare my understanding that requested funds come directly from the sale of ASB Stickers and should be thus utilized accordingly. If funded, my organization agrees to open the event to all SBVC students and to list the Associated Students as a co-sponsor of this event on all publicity. I understand that if the above organization fails to recognize the AS on all publicity, it may be asked to repay the amount allocated. I understand if the above organization fails to have the event, the organizations will return the above allocated funds to the AS within the above stated fiscal year.

Student Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Club Advisor Review/Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Signature certifies organization is currently registered with the Office of Student Life  
 Questions, contact Nikki Schaper, Director of Student Life at (909)384-8986*