

Knox College Student Senate Club Budget Request Form: FINAL

Budget Contact

Name: _____

Phone: _____

Email: _____

Box #: _____

Club Info

Club Name: _____

Advisor Signature: Required

Club Advisor: _____

Attached Paperwork:

Budget Breakdown and Description: _____

Mission Statement: _____

Leadership and Transition: _____

Previous Years Reflection: _____

Last Year's Total Allocation: _____

Request

	Fall	Winter	Spring
Operational Expenses (copies, office supplies)	_____	_____	_____
Annual Events (conferences, BBQs)	_____	_____	_____
Other Events (speakers, fundraisers, etc.)	_____	_____	_____
Total Request	_____	_____	_____
Grand Total			_____

Please remember to attach all supporting documents. Failure to do so could result in reduced funding.

For Office Use Only

Application Received: _____

Finance Committee Recommendation: _____

Date: _____

Senate Approval: _____

Date: _____