

# Request for the Expenditure of SGA Funds (RESGAF)

Organization: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Requested by: \_\_\_\_\_

Description of expenditure: \_\_\_\_\_

Name of event (if applicable): \_\_\_\_\_ Date/Time: \_\_\_\_\_

*Please attach a flyer, email invitation, or 25 Live Reservation of your event to this RESGAF.*

Description		Estimated Cost	SGA Allocation	Club Carry Over
Rooms:		\$	\$	\$
Food:		\$	\$	\$
Audio:		\$	\$	\$
Security:		\$	\$	\$
Marketing:		\$	\$	\$
Equipment:		\$	\$	\$
Other:		\$	\$	\$
TOTAL:		\$	\$	\$

*For vendors being paid by check above, please provide the following information and a W-9 from the vendor. Attach additional sheets if necessary. For more information of required documentation, refer to the SGA Treasurer Manual.*

Vendor/Payee Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

FIN/SSN: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact person: \_\_\_\_\_

**AUTHORIZED SIGNATURES:** *For purchases under \$150.00, the signature of the organization's President or Treasurer is required. For purchases exceeding \$150.00, the signatures of both the organization's President and Treasurer are required.*

\_\_\_\_\_  
Treasurer (Signature) Date

\_\_\_\_\_  
Treasurer (Print)

\_\_\_\_\_  
President (Signature) Date

\_\_\_\_\_  
President (Print)

SGA Advisor on Duty (If applicable): \_\_\_\_\_ Date: \_\_\_\_\_

For SABSC Use Only:

Date Received:

Chartstring: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(4 digit fund) (5 digit dept) (8 digit account) (8 digit project)

Funds Verified By: