

SGA Supplemental Request Form

Event Name: _____

Requesting Student Group: _____

Contact Name: _____

Contact E-mail Address: _____

Contact Phone Number: _____

Student Group's Senator: _____

Need/Background

What are the plans for the event? How will it improve the student body experience? How does this event relate to your student organization's goals?

Proposed Date(s), Time(s), and Location(s) of Event

Funds Requested

Item	Expected Cost
TOTAL	

**Attach documentation for all proposed costs. If more lines are needed, attach additional sheets as necessary.*

Student Organization Signature: _____

Date Submitted: _____