



## ASCR Funding Request

Please submit completed forms to [president@ascrsenate.org](mailto:president@ascrsenate.org) and [vpofrecords@ascrsenate.org](mailto:vpofrecords@ascrsenate.org). Incomplete forms will not be considered for funding.

Group or Person Requesting Funds: \_\_\_\_\_ Date: \_\_\_\_\_

Point of Contact: \_\_\_\_\_

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

If approved, who will make the purchase:

\_\_\_\_\_ If different than point of contact:

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

Name of Request: \_\_\_\_\_

Briefly describe how funding requests supports CR Students:

Budget Outline (If necessary):

Total Amount Requested:

### Office Use Only

Approved:      Yes      No

Meeting Date:

Agenda Item:

Approved Amount:

GL for Funding:

Date Notified:

VP Finance Signature

Advisor Signature