



Club Budget Application Date: _____

Jamestown Campus and North County Center

FALL / SPRING SEMESTER

DIRECTIONS: Select FILE. MAKE A COPY. Rename the Document: 23-24 [INSERT CLUB NAME] Club Budget Request. Type in below information and then **SHARE** Document with crosbykc01@sunyjcc.edu. Once the Budget Request is received, it will be emailed to the advisor and Club Treasurer for signatures.

CLUB/ORGANIZATION NAME:			
Name of Student Completing Form:		J#	
Phone: <input type="checkbox"/> Cell		Email:	
JCC Faculty/Staff Advisor:		Email:	@sunyjcc.edu
Advisor (2): *optional		Email:	

CLUB BUDGET REQUEST RATIONALE

Briefly describe your plans for this semester that require funds. Select all the categories below that apply to your goals.

Please note - clubs may NOT purchase equipment.

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Campus Event(s) | <input type="checkbox"/> Travel Expenses | <input type="checkbox"/> Printing Costs | <input type="checkbox"/> Promotional items/giveaways |
| <input type="checkbox"/> Fundraising Supplies | <input type="checkbox"/> Conference Fees | <input type="checkbox"/> Club Apparel | <input type="checkbox"/> Other – please describe above |

ITEMIZED BUDGET REQUEST: Itemize your club's needs here. Be as specific as possible.

Item/Category	Fundraising	Out-of-Pocket Contributions	Amount Requested from Senate	Total Expected Cost
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
TOTAL REQUEST			\$	\$

* All funds requested must be used for their intended purpose and are not allowed to be used for anything other than the purpose they were approved for without consulting with the Student Senate. * Copies of all receipts must be signed by the Club Advisor and then submitted directly to the Director of Campus Life no more than 2 business days following purchase.

crosbykc01@sunyjcc.edu

FOR CAMPUS LIFE OFFICE USE ONLY Club Budget Code: _____

Budget Approved: <input type="checkbox"/> YES <input type="checkbox"/> NO	Senate Treasurer Signature: _____	Date: _____
Amount Approved: \$ _____	Campus Life Director Signature: _____	Date: _____