COM Student Activity Support Request (SASR) and Funds Received Form

DIRECTIONS

1. Make a copy of this template.
2. Rename the file as "*SASR and Funds Received Form – EVENT – DATE*" and save in your student group's OneDrive folder for the correct academic year.
3. Fill out the form as appropriate, including as much detail as possible.
4. The Faculty Advisor for your student group will review and sign the form.
5. The Student Group Representative will utilize this signed form to request funds from the SBC Treasurer.

NAME OF STUDENT GROUP (SIG, SBC, Class Government, etc.)	
STUDENT GROUP REPRESENTATIVE (Event Planner / Individual Completing Form)	

EVENT INFORMATION

TITLE	
DATE	
START TIME	
END TIME	
LOCATION	
DESCRIPTION	

FLOOR PLAN

Map out a diagram of your intended floor plan. Clearly label/indicate the number of tables, chairs, proposed walkways, exits, etc. The feasibility of your configuration will depend on availability of facility/staff, adjacent events, and allocation of equipment. Paste your diagram below or include as an attachment at the end of this SASR form.

BUDGET

Fill out the table below with any items that will need to be purchased for your event. This includes food, supplies, equipment, prizes, decorations, etc. Add more rows to the table as needed.

Attach ALL relevant receipts to the next page; failure may result in delayed or no funds.

ITEM	LINK/STORE	QTY	UNIT COST	PICKUP OR DELIVERY?
			SUBTOTAL	
			TOTAL	

INDIVIDUAL TO BE REIMBURSED	
ZELLE INFORMATION (PHONE NUMBER/EMAIL)	

ITEMS TO USE / BORROW

Fill out the table below with any items that will need to be utilized/borrowed for your event. This includes surplus from previous events, existing decorations, equipment, supplies, etc. Add more rows to the table as needed.

ITEM	SOURCE	QTY	JUSTIFICATION	PICKUP DATE	RETURN DATE

PERSONNEL

Fill out the table below with any personnel requested for your event. This includes IT, Facilities, external contractors, etc. Add more rows to the table as needed.

PERSONNEL REQUESTED (IT/Facilities, Volunteers, etc.)	NUMBER OF PEOPLE	JUSTIFICATION


CALIFORNIA
NORTHSTATE
UNIVERSITY

RECEIPTS

Attach any/all receipts relevant to your event in the space below. Failure to attach your receipts may result in delayed or no funds.

ACTIVITIES SUPPORT REQUEST REQUIRED SIGNATURES

STUDENT GROUP REPRESENTATIVE	FACULTY ADVISOR
X _____	X _____
DATE:	DATE:

FUNDS RECEIVED

Sign below to indicate that the SBC Treasurer has given the requested funds, and that the Student Group Representative has received said funds.

The Student Group Treasurer will record the change in the Group's funds in its Spending Report for the correct academic year.

STUDENT GROUP REPRESENTATIVE	SBC TREASURER
X _____	X _____
DATE:	DATE: