



444 Western Boulevard
Jacksonville, North Carolina 28546-6816
Phone (910) 455-1221

**REQUEST FOR
STUDENT GOVERNMENT ASSOCIATION FUNDS
STUDENT ACTIVITIES OFFICE**

Date _____ Club/Organization _____

Purpose of funds requested _____

(Request should include location and type of event)

Date of Event _____ Mileage (one-way) _____

Method of Travel _____ Lodging _____

Registration Fee _____

Staff members traveling with group _____

Students Attending (include Student ID#):

1) _____ 5) _____

2) _____ 6) _____

3) _____ 7) _____

4) _____ 8) _____

Total amount of funds requested: \$ _____

Total amount of funds approved: \$ _____

REQUESTED BY:

APPROVED BY:

(Club President)

(SGA President)

(Club Advisor)

(SGA Advisor)

This form must be submitted with agenda of meeting or conference and any other information pertaining to club/organization request.