



## **Request for Funds**

Date Submitted:
Date funds needed by:
Total \$ Amount Requested:
Total \$ Amount Requested:

## Requirements:

- 1. Submit completed form to the ASG office no later than the dates indicated on the ASG Calendar. (\*\*All applications must be received four (4) weeks before desired purchase/activity. \*\*)
- 2. Send an email to <a href="mailto:asg@gccaz.edu">asg@gccaz.edu</a> with the subject ATTN: Secretary at least one week prior to the ASG meeting asking to be placed on the agenda.
- 3. The Club Senator or Alternate must attend the two (2) consecutive meetings following the submission of the funding request or funds will NOT be awarded.

		at the meeting the funding is being re ave or the request will be tabled for a	
NOTE: ASG meetings are on t	the 1st and 3rd Tuesdays of eve	ery month in the SU 104 Suite.	
Club Name:		Account #	
Club Representative:		Phone #	
Please list the items/services  Item or Service needed, Qua		and the purpose served by the use o	of funds:
Example: Shirts (2/S; 3/M; 4/L,	ETC.) \$8 each/ Total \$ amour	nt	
Vendor Name, Website, Add  Describe specifically the pur		t will benefit the student body:	
SIGNATURES			
Club President/Treasurer	Club Advisor	ASG Treasurer	
Date	 Date	Date	
individuals with disabilities. A lack of Er programs of the college. The Maricopa Community Colleges do n	glish language skills will not be a barrie of discriminate on the basis of race, color	tion and an equal opportunity employer of protected or to admission and participation in the career and teclor, national origin, sex, disability or age in its program tor: (480) 731-8499. For additional information, as w	hnical education as or activities. For

coordinators within the Maricopa College system, http://www.maricopa.edu/non-discrimination.

Received in the ASG Office on _		by
	Date	Person