

## Elizabethtown College Student Senate Additional Request Form 2009 – 2010 Academic Year

All Additional Request forms and supporting paperwork must be given to the Student Senate Treasurer (SMB #1804) no less than three (3) weeks before funding is needed. This packet must be filled out correctly with all necessary documents supporting the request of funds (i.e. brochures, catalogue pages, etc) attached. **Copies of all receipts must be turned in to the Student Senate Treasurer no more than two (2) weeks after money is spent. Failure to do so will lead the Student Senate to rescind any unaccounted funds and to issue a warning.** A second incident within one year of the issuance of a warning would render a group ineligible to receive Student Senate funding for a full semester.

Any group requesting funds is *strongly encouraged* to meet with the Student Senate Finance Committee to discuss the request. The Student Senate Treasurer will then present the Committee's recommendation to the Student Senate for approval and the group's treasurer will be notified of the decision. Groups wishing to appeal this decision must notify the Student Senate Treasurer within one (1) week of receiving the decision. Any questions regarding the allocation process should be directed to Mike White at [Senate@etown.edu](mailto:Senate@etown.edu). The Student Senate reserves the right to request verification of the trip if necessary.

Club Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
'09-'10 Active Members: \_\_\_\_\_ Account Balance: \_\_\_\_\_  
'09-'10 Funding from Senate: \_\_\_\_\_ Date Account Balance Checked: \_\_\_\_\_

---

President Name \_\_\_\_\_ President Signature \_\_\_\_\_

---

President E-mail \_\_\_\_\_ President Cell Phone and Box Number \_\_\_\_\_

---

Treasurer Name \_\_\_\_\_ Treasurer Signature \_\_\_\_\_

---

Treasurer E-mail \_\_\_\_\_ Treasurer Cell Phone and Box Number \_\_\_\_\_

---

Advisor Name \_\_\_\_\_ Advisor Signature \_\_\_\_\_

---

Advisor E-mail \_\_\_\_\_ Advisor Extension \_\_\_\_\_

**Club Mission Statement:**

---

---

---

---

---

Did you receive a budget this year from the Student Senate? \_\_\_\_\_

If so, was this included in that budget? Explain. \_\_\_\_\_

---

---

Is this something your group spent money on last year? \_\_\_\_\_

**I. Reason for Request**

WHAT:

---

---

---

WHEN:

---

---

---

WHERE:

---

---

---

WHY:

---

---

---

How does this project help your group fulfill its mission?

---

---

---

---

Is this something your group has done before? When? Was it successful?

---

---

---

---

**II. Breakdown of Expenses**

*Remember that Elizabethtown College is a tax-exempt institution and, as such, the Student Senate cannot reimburse ANY tax! Contact the Business Office for questions regarding our tax-exempt status.*

\* You are only required to complete sections of the form relevant to your specific request. Please record expenses of zero dollars (\$) where applicable. \*

1. Number of members involved/affected: \_\_\_\_\_
  
2. Transportation Expenses
  - a. Method: \_\_\_\_\_
  - b. Mileage (round-trip): \_\_\_\_\_
  - c. Transportation Tickets
    1. Cost per ticket: \$ \_\_\_\_\_
    2. No. of tickets: x \_\_\_\_\_
    3. Total cost \$ \_\_\_\_\_
  - d. Vehicle Travel
    1. Cost per vehicle (\$0.485/mile): \$ \_\_\_\_\_
    2. No. of vehicles: x \_\_\_\_\_
    3. Total \$ \_\_\_\_\_
  - e. Total Transportation Expenses (a) \$ \_\_\_\_\_

Equipment Expenses

- a. \_\_\_\_\_ \$ \_\_\_\_\_
- b. \_\_\_\_\_ \$ \_\_\_\_\_
- c. \_\_\_\_\_ \$ \_\_\_\_\_
- d. Total Equipment Expenses (b) \$ \_\_\_\_\_

6. Other Expenses (please explain)

- a. \_\_\_\_\_ \$ \_\_\_\_\_
- b. \_\_\_\_\_ \$ \_\_\_\_\_
- c. \_\_\_\_\_ \$ \_\_\_\_\_
- d. \_\_\_\_\_ \$ \_\_\_\_\_
- e. Total "Other" Expenses (c) \$ \_\_\_\_\_

7. Totals

- a. Transportation Expenses (a) \$ \_\_\_\_\_
- b. Equipment Expenses (b) \$ \_\_\_\_\_
- c. Other Expenses (c) \$ \_\_\_\_\_
- d. Total of all Expenses \$ \_\_\_\_\_

**III. Funding Available**

1. Money from account being used (d) \$ \_\_\_\_\_

2. Fundraising Efforts

*Include projected amounts for upcoming fundraising efforts.*

- a. \_\_\_\_\_ \$ \_\_\_\_\_
- b. \_\_\_\_\_ \$ \_\_\_\_\_
- c. \_\_\_\_\_ \$ \_\_\_\_\_
- d. \_\_\_\_\_ \$ \_\_\_\_\_
- f. \_\_\_\_\_ \$ \_\_\_\_\_
- g. \_\_\_\_\_ \$ \_\_\_\_\_
- h. Total of all fundraising efforts (e) \$ \_\_\_\_\_

3. Group Member Contributions

- a. Expense incurred by each club member \$ \_\_\_\_\_
- b. Number of members involved/affected x \_\_\_\_\_
- c. Total contribution by club members (f) \$ \_\_\_\_\_

- 4. Department Donations (g) \$ \_\_\_\_\_
  - 5. Outside Donations (h) \$ \_\_\_\_\_
  - 6. Other Funding Sources
    - a. \_\_\_\_\_ \$ \_\_\_\_\_
    - b. \_\_\_\_\_ \$ \_\_\_\_\_
    - c. \_\_\_\_\_ \$ \_\_\_\_\_
    - d. \_\_\_\_\_ \$ \_\_\_\_\_
    - e. Total (i) \$ \_\_\_\_\_
  - 7. Total Funding Available
    - a. Account Funds (d) \$ \_\_\_\_\_
    - b. Fundraising (e) \$ \_\_\_\_\_
    - c. Club Member Contributions (f) \$ \_\_\_\_\_
    - d. Department Donations (g) \$ \_\_\_\_\_
    - e. Outside Donations (h) \$ \_\_\_\_\_
    - f. Other Funding Sources (i) \$ \_\_\_\_\_
    - g. Total Funding Available \$ \_\_\_\_\_
- IV. Total Request** (Total Expense – Total Funding Available) \$ \_\_\_\_\_

**Are there any extenuating circumstances you would like the Student Senate Finance Committee to take into consideration when determining your budget request?**

---



---



---



---



---

**Student Senate Treasurer's Use Only**

Date Received	Recommendation	Senate Vote & Date	Date Contacted	Date Transferred