## Associated Student Union • 2018/2019

Funding Request			
Club/Department Name:		Amount	
Club Account Number:		Requested:	
For instructions on completing this form please visit: <a href="https://goo.gl/SzdTsR">https://goo.gl/SzdTsR</a> Please Select ONE of the Following Funding Categories:			
<ul> <li>☐ Inter Board</li> <li>☐ Student Rep Fee</li> <li>☐ Community Funding</li> <li>☐ Campus Tours (\$2,000 per club</li> </ul>	<ul><li>Banq</li><li>Comj</li><li>Conf</li></ul>	Funding (\$5,000 per club/per fiscal year) quets petitions erences	
*PLEASE NOTE: ASU will ONLY sponsor trainings, conferences, competitions and workshops for <u>ASU paid members</u> .			
Event Name:			
<b>Event Date &amp; Time:</b>	Location:		
Club Advisor and Student Signature Required. By Signing I understand that,			
<ul> <li>A representative of your club must be present at the ASU meeting before the funds can be approved.</li> <li>If the event is funded by ASU, printed material must list ASU as either the co-sponsor or sponsor</li> <li>If approved, all requirements must be met by established deadline.</li> </ul>			
Funds are to be used to <b>SUPPORT or SUPPLEMENT</b> clubs/departments for campus wide or community events.			
Funds will <u>not</u> be used for Scholarship, membership dues, stipends, or tutors.			
Students will no longer be reimbursed individually through ASU, the funds will be directed into the club account.			
All itemized receipts and documentation must be submitted to the ASU Advisor and not to an ASU Officer; otherwise you will assume full responsibility for any lost or misplaced information.			
Amounts awarded depend on available funds.			
If Competition, Conference, Tours, or Student Rep. Fee:			
Attending students MUST all be ASU members with the exception of Student Rep. Fee funds.			
A list of students attending will be required which includes: student ID numbers and ASU sticker number.			
Request for Student Conference Attendance must be submitted before any payment process begins.			
Student Representative:			
Print	Name Signa	nture Date	
Contact Number:	Email:		
Faculty/Staff Representative:	Name Signa	nture Date	
Contact Number:	Email:	nuic Date	
	BAC:	ASU:	
Reviewed by:	DAC:	ASU:	

## East Los Angeles College Associated Student Union • 2018/2019

## ASU FUNDS CAN ONLY BE UTILIZED TO BENEFIT ELAC STUDENTS (STUDENT REG-2).

riease review the following questions, answer all required so	ections, and submit supporting documentation with this form.
Please provide a description of the event and what will be ac	ccomplished. (Required)
representatives of local or statewide student body organi	now this event provides "support for governmental affairs zations who may be stating their positions and viewpoints offices and agencies of state government." (California ED.
Code 76060.5 section b)	orners and agencies of state governments (camerina 22)
COST BREAKDOWN & SUPPORTING	G DOCUMENTATION (REQUIRED)
Attach supporting documents, quotes and invoices with the within 30 days of the date funding request is submitted. Do accepted.	
Total Number of Advisors Served:	
Total Number of ASU Students Served:	
☐ Cost Breakdown (include total cost)	☐ Qualifying deposit slips for Match Funding only
☐ Itemized: Receipts, invoices, quotes, and other applicable documentation.	☐ Student travel packet (if traveling)
*Disclaimer*: All unused funds will be reallocated back date.	to their perspective accounts two weeks after event