East Los Angeles College

Funding Request Form					
Club/Department Name:		Amount			
Club Account Number:		Requested:			
Please Select <u>ONE</u>	Please Select <u>ONE</u> of the Following Funding Categories:				
 ASU Inter Board Student Rep Fee Community Funding (Event must be inclusive to a Campus Tours (\$300 per club/per fiscal year) 	Example: B UELAC Students) C	Funding (\$300 per club/per fiscal year) anquets ompetitions onferences			
*PLEASE NOTE: ASU will ONLY sponsor trainings, conferences, competitions and workshops for <u>ASU paid members</u> .					
Event Name:					
Event Date & Time: Location:					
Club Advisor and Student Signature Required. By Signing I understand that,					
 Funding Request Forms/ Proposals must be entertained at the BAC meeting before presented at the ASU meeting. A representative of your club must be present at the ASU meeting before the funds can be approved. If the event is funded by ASU, printed material must list ASU as either the co-sponsor or sponsor. If approved, all requirements must be met by established deadline. Only Students can request funds. 					
Funds will be used to SUPPORT or SUPPLEME	NT clubs for campus wide	or community events.			
Funds cannot be used for Scholarship, membership dues, stipends, or tutors.					
Neither Students or Advisors will 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.					
	onference, Tours, or Stude				
All Students traveling MUST be <i>current</i> ASU <i>paid</i> members during the time of travel in order to receive the <i>full</i> ASU approved funding, with the exception of Student Rep. Fee funds.					
A list of students attending will be required, which includes their student ID numbers and ASU sticker numbers.					
Request for Student Conference Attendance must be submitted before any payment process begins.					
Student					
Representative: Print Name	Signa	ture Date			
Contact Number:	Email:				
Faculty/Staff					
Representative: Print Name	Signa	ture Date			
Contact Number:	Email:				
*DISCLAIMER: All unused funds will be reallocated back to their perspective accounts two weeks after event date. All					
request must be signed and partnered by a student r Reviewed by: BAC:	epresentative.	ASU:			

East Los Angeles College Associated Student Union • 2023/24 ASU FUNDS CAN ONLY BE UTILIZED TO BENEFIT ELAC STUDENTS (STUDENT REG-2).

Please review the following questions, answer all required sections, and submit supporting documentation with this form.

Please provide a description of the event and what will be accomplished. (Required)

If this is a request for Student Rep. Fee Funds, explain how this event provides "support for governmental affairs representatives of local or statewide student body organizations who may be stating their positions and viewpoints before city, county, and district governments and before offices and agencies of state government." (California ED. Code 76060.5 section b)

COST BREAKDOWN & SUPPORTING DOCUMENTATION (REQUIRED)

Attach supporting documents, quotes and invoices with the supporting details. Quotes and invoices must be dated within 30 days of the date funding request is submitted. Documentation from past similar events will not be accepted.

***PLEASE ATTACH ANY APPLICABLE ADVERTISEMENT FLYERS.

***ONLY FILL CELLS THAT ARE APPLICABLE TO REQUEST.

Cost Breakdown (include total cost)

□ Itemized: Receipts, invoices, quotes, and otherapplicable documentation.

Qualifying deposit slips for Match Funding only

□ Student travel packet (if traveling)

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Associated Student Union • 2023/24

Cost Breakdown				
	Quantity	Cost (per unit)	Total	
Number of Students				
Number of Advisors				
Registration				
Transportation				
Incidentals				
Food, snacks, meals				
Decoration				
Entertainment/ Guest Speaker				
Apparel (shirts, jackets, etc.)				
*NOTE (If miscellaneous expenses apply, fill out below)				
Item(s)/ Service	Quantity	Cost (per unit)		
_	-	_	Grand Total	

For any additional comments or information: