MCLA STUDENT GOVERNMENT ASSOCIATION
SUPPLEMENTAL BUDGET REQUEST FORM

Club/Organization Name: __________________________________________

Contact Name: ___________________________ MCLA Box #_________

Amount of money requested: $______________________________

What will the money be used for? Please explain in detail and attach a concise budget breakdown of what items will be purchased and how much each is estimated to cost.

What is the date the money is needed by? __________________________

Why was the funding not requested during the past budgeting season?

Print / Sign / Date

Club President ____________________________________________

Club Treasurer ____________________________________________

SGA Treasurer ____________________________________________

SGA Use Only:

Amount of Money Approved by Senate $__________ Date Approved: ______

SGA Treasurer Signature ____________________________

PLEASE SUBMIT FORM AT LEAST 3 WEEKS PRIOR TO THE DATE NEEDED