Associated Student Union • 2022/23

Funding Request Form						
Club/Department Name:			mount			
Club Account Number:		R	Requested:			
Please Select <u>ONE</u> of the Following Funding Categories:						
☐ ASU Inter Board ☐ Student Rep Fee ☐ Community Funding (Event must be inc ☐ Campus Tours (\$1,000 per club/per fiscal		Example: Band Con	unding (\$1,000 per club/p quets npetitions ferences	er fiscal year)		
*PLEASE NOTE: ASU will ONLY sponsor trainings, conferences, competitions and workshops for <u>ASU paid members</u> .						
Event Name:						
Event Date & Time:	Location:					
	dent Signature Require	• 0		t,		
 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 SUPPLEMENT clubs for campus wide or community events.						
Funds <u>cannot</u> 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 f	unds.					
If Competition, Conference, Tours, or Student Rep. Fee:						
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:	Name	Signatur	***	Date		
Contact Number:	Email:	Signatur	ie .	Date		
Faculty/Staff Representative:						
	Print Name Sign		re	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 s Reviewed by:	BAC:		ASU:			
iterione of			1100			

East Los Angeles College Associated Student Union • 202 ASU FUNDS CAN ONLY BE UTILIZED TO BENEFIT ELAC STUDENTS (STUDENT REG-2).

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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 h	now 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)	offices and agencies of state government. (Camorina ED.					
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)	☐ Qualifying deposit slips for Match Funding only					
☐ Itemized: Receipts, invoices, quotes, and otherapplicable documentation.	☐ Student travel packet (if traveling)					

East Los Angeles College

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	Cost Break Quantity	Cost (per unit)	Total
Number of Students	Quantity	cost (per unit)	10001
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	7)	
Item(s)/ Service	Quantity	Cost (per unit)	
-	-	_	Grand Total
for any additional comments or informa	ation:		
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