

**ASG OFFICE USE ONLY:**

Total : \$ \_\_\_\_\_

Acct.# \_\_\_\_\_

Date Received: \_\_\_\_\_



# Club Funding Request Form

Associated Student Government  
Los Angeles City College

Funding requests must be submitted to the **Associated Student Government (ASG) Office**, located on the **2nd Floor Of The Student Union Building**, or emailed to **LACC-ASG@lacitycollege.edu** to be **placed on the agenda**, requests must be received at least **five (5) working days** before the next **Finance Committee Meeting**. Also, **all required documents must be attached** in order to be posted on the agenda.

**Club Name:** \_\_\_\_\_ **Date Filled:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Event (If applicable):** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Event Date:** \_\_\_\_\_

Please select the type of funding request you are making:

☐ **Seed Money Usage Request**

☐ **ASG Additional Funding Request**

**Purpose for Funding:** \_\_\_\_\_

## Required Documents to attach to this request:

- **Event Request Form** (Must be turned in together with the Club Funding Request form. If it will be spent for a recurring club meeting, a photocopy of the initially submitted Event Request form must be attached. However, if it will be spent for Club Rush, Event Request Form is not necessary.)
- **Club meeting minutes approving activity and request for money** (Signed by Club President and Advisor)
- **Itemized budget of items to be purchased** (Include every item name, price, and taxes)
- **Explanation of the activity purpose** (Such as event details, projected impact to the quality and culture of the student body, projected number of students to attend, event flyer, etc. The more you explain about the event, the faster it is to have your funding processed.)
- **Three (3) quotes/estimates for the requested good(s) or service(s)** (\*Only when the requested amount is \$100 or more.)

## Vendor or Payable (if applicable)

Different Types of Processes *Direct Payment (DP)*, *Reimbursement (R)*, *For Pick-up (PU)*, and *To be mailed (TM)*.

| Full Name | Address, City, State, Zip | Phone | Process Type | Amount Req. |
|-----------|---------------------------|-------|--------------|-------------|
|           |                           |       |              |             |
|           |                           |       |              |             |

**ITEMIZED BUDGET LIST**

| Name of Vendor/Store | Item of Description | Unit Price | Quantity | Total |
|----------------------|---------------------|------------|----------|-------|
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**Total Amount Requested : \$ \_\_\_\_\_*****FOR ASG OFFICE USE :*****If denied, state reason for administrative denial:**

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