



Request for Appropriation of Funding Non-Board of Trustee Item Request

Note: All request must be submitted 6 weeks prior to event date

Submit to Student Life Office and email to lhennings@mtsac.edu. Upon receipt, confirmation of item and agenda date will follow.

| For Office Use Only | |
|---------------------|---------|
| Request #: | 19A |
| Date Received: | 3/14/24 |
| Agenda Date: | 3/26 |

I. Type of Appropriation Requested (Select all that apply):

- | | Amount Requested per item |
|---|---------------------------|
| <input type="checkbox"/> Catering: (ex. Sodexo, off-campus restaurants and caterers) | \$ _____ |
| <input type="checkbox"/> Conference & Travel: (ex. Registration, transportation, lodging, meal allowance) | \$ _____ |
| <input type="checkbox"/> Food Supplies: (ex. Pre-packaged food items like chips and candy, etc.) | \$ _____ |
| <input checked="" type="checkbox"/> ^{Promo} Supplies: (ex. Streamers, paper cups, plastic utensils, decorations, etc.) | \$ 7,581.99 |

If you are requesting funding for an Independent Contractor or Contract, you will require the Board of Trustees approval. You must complete a separate "Request for Appropriation of Funding Board of Trustee Item Request."

TOTAL AMOUNT REQUESTED: \$ 7,581.99

II. Additional Sources of Funding

Are you considering other sources of funding? (Circle one) Yes / No

If so, please indicate the Source: _____ Amount: \$ _____

III. Event Information

Recognized Student Club/ Organization (RSCO) or Department: Men's Wrestling State Championship Team + Individual

Name of Event: _____

25 Live Reservation Reference Code: _____ December

Event Location: _____

Event Date: _____

Event Start to End Time: _____

NOTE: Associated Students has the purview of requiring certain events to prove all participants to have paid their current Student Activities Fee. Fees are subject to electronic verification, via the Associated Students website.

IV. Additional Information Required

Purpose of Event: A.S. seeks to enhance the student experience through activities fulfilling one of the following five priorities, please select one priority area(s) your event fulfills.

- Co-curricular engagement
- Leadership development
- Retention & transfer
- Recognition of service
- Civic engagement and advocacy

Please describe how your event fulfills the selected A.S. Priority area and provide a detailed Budget breakdown for the amount requested by including quotes, conference webpages, etc.

V. Funding Conditions

All groups requesting Associated Students funding are hereby notified that the event advisor (or designee) is responsible for processing all banner requisitions with approved vendors. **NOTE: Additional Fiscal Services forms, guidelines, and procedures may be required.** All event marketing, written and oral, must acknowledge Associated Students as a sponsor and include the Associated Students logo on all materials.

This form must be completely filled out, with signatures below, and submitted to the A.S. Administrative Specialist III at least 6 weeks prior to the event date to be considered for funding. For specific questions, please contact the Student Life Office at x4525 or email lhennings@mtsac.edu.

A. Club Advisor / Employee Submitting Request Form

Print: David Rivera
 Sign: [Signature]
 Date: 3/23/24 Ext/Phone: 4709
 Email: drivera@mtsac.edu

B. Designee Processing Banner Requisition(s)

If different from person A.
 Print: Ani Escalera
 Sign: _____
 Date: _____ Ext/Phone: _____
 Email: _____

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|--|----------------------------|-------------------------------|----------------------|
| Co-Sponsor (Motion): | <u>Marah Moreno</u> | Date: | <u>3/26/24</u> |
| Co-Sponsor (Second): | <u>Kellyun</u> | Date: | <u>3/26/24</u> |
| A.S. Senate | | | |
| For: | <u>Unanimous</u> | Abstain: | Date: <u>3/26/24</u> |
| A.S. Executive Board | | | |
| For: | <u>Unanimous</u> | Abstain: | Date: <u>3/26/24</u> |
| A.S. President | | | |
| <input checked="" type="radio"/> Approve | <input type="radio"/> Veto | Signature: <u>[Signature]</u> | Date: <u>4/18/24</u> |
| Notification of Appropriation | Date: <u>4/10/24</u> | Requisition #: | PO #: |
| C & T Form: | Date: | T#: | |
| Check Requests: | \$ | Purpose: | \$ Purpose: |
| | \$ | Purpose: | \$ Purpose: |

