



Student Government Association Budget Allocation Request Form

For the use of SGA

Requesting funds during Fall Spring semester of: 20

Organization Contact Information

Organization Title: _____

	President/Primary Representative	Treasurer/Secondary Representative	Faculty Adviser
Name:	_____	_____	_____
Phone:	_____	_____	_____
Email:	_____	_____	_____

Prioritized Event Expense Totals

Priority	Titles Of Proposed Events	Total Requested	For the use of SGA
1	_____	_____	
2	_____	_____	
3	_____	_____	
4	_____	_____	
5	_____	_____	
6	_____	_____	
7	_____	_____	
8	_____	_____	
9	_____	_____	
10	_____	_____	

Amount Requested:

Amount Allocated:

Terms of Verification and Affirmation

By signing below, I affirm that:

- I understand that by requesting money through the SGA Budget Allocation process, my club/organization is in no way guaranteed any of the funding that its members/affiliates/representatives have requested during this allocation period;
- I understand that SGA, the Department of Co-Curricular Programs, or any entity of Loyola University New Orleans in conjunction with SGA or the Department of Co-Curricular Programs may discipline me and/or the organization that I represent in accordance with the disciplinary policies of SGA, the Department of Co-Curricular Programs, and/or the Department of Student Affairs for this allocation period or other allocation periods that require this or similar provisions;
- I have reviewed this SGA Budget Allocation Request Form and the information entered herein;
- I have not deliberately altered any data field directive of this form to mean or represent any other directive;
- The information pertaining to the club/organization that I claim to represent as well as the event description(s) and itemized expense(s) herein accurately represent the requests of this club/organization insofar as I can represent this club/organization in accordance with the constitution of this club/organization;
- I have read and understand the information contained within the SGA Allocation Instruction and Information Packet.

President/Primary Rep. Signature

Treasurer/Secondary Rep. Signature

Faculty Adviser Signature