Funding Request  Academic Year: 2015-2016

PART I. REQUESTOR INFORMATION

Name of Organization: ______________________________
Type: □ RISO □ Student □ Prog/Dept

Name of Faculty/Staff person: ______________________________
Title: ______________________________
Email: ______________________________
Phone: ______________________________

Name of Student Requestor: ______________________________
Email: ______________________________
Phone: ______________________________

PART II. FUNDING REQUEST

PROJECT INFORMATION

Name of project: ______________________________
Date(s): ______________________________
Location (confirmed): ______________________________
Time(s): ______________________________

Estimated student attendance: ______________________________
Estimated total attendance: ______________________________

Describe this project. If project is multi-day, include a description of each day. (Attach additional pages as needed)

This project will enhance Student Life by significantly: (Mark at least one)

☐ Providing services that address the general health, well-being, and overall development of students.
☐ Providing programming and academic opportunities that supplement the general curriculum of the College, thus enhancing and enriching the educational experience of the campus community.
☐ Supporting the academic success, retention, and recruitment of students, staff, faculty, and administrators.
☐ Helping to create a campus environment that will increase the interaction and dialogue among culturally diverse communities.

FUNDING INFORMATION

Amount of funds requesting: ______________________________
Total project budget: ______________________________
By signing below and submitting this request, we agree to the Funding Request Guidelines set forth by the Student Life Program, and we affirm that we are responsible for informing the organization that it is accountable for all allocations made as a result of this funding request. Failure to follow Student Life Guidelines may result in holds placed on the organization and ineligibility for future funding.

________________________________________________________
Signature of Faculty/Staff Responsible Person

________________________________________________________
Signature of Student Requestor

For Office Use Only:

Required Attachments:

☐ Publicity for project (draft OK)
☐ Confirmation of location
☐ Quote of goods/services
☐ Estimated shopping list

Date Rec’d: __________________________
### Part III. EXPENSE PLAN

**Some vendors that accept PO:** Hawaii CC Culinary, Cost U Less, KTA, Sustainable Island Products, Hopaco, Oriental Trading Company, Kui & I Florist, Ah Lan’s Leistand, Pizza Hut, UH Hilo Bookstore, UH Hilo Graphics, Sodexo

**Common subcodes:** Office Supplies (3200), Food (3305), Other Supplies (3400), Printing & Binding (3900), Services-Non-Employee (7100), Protocol Items (7222)

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<tr>
<th>Vendor Name</th>
<th>General description of purchase (i.e. food, paper goods, advertising)</th>
<th>Amount Requesting from CSO</th>
<th>Sub-Code</th>
<th>For Office Use ONLY</th>
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<td>Apprv. Amt. Req. # PO # PR # Actual Spent</td>
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**Apprv. Amt. Total:** $  
**Actual Spent Total:** $

**Budget Reviewed and Approved:**

VCSA: ____________________________  
Date: ____________________________