

**Associated Students of
San Diego State University**

FINANCE BOARD PROPOSAL FORM

WHAT IS THE FULL NAME OF THE ORGANIZATION?

IS THE ORGANIZATION A PART OF COLLEGE COUNCIL? YES___ NO___
IF YES, WAS THIS PROPOSAL SUBMITTED TO COUNCIL FOR CONSIDERATION?
YES___ NO___

HOW MUCH ARE YOU REQUESTING FROM FINANCE BOARD?
FOR WHAT PURPOSE WILL THE FUNDS BE USED?

IF FUNDS ARE NOT GRANTED, HOW WILL THAT IMPACT YOUR ORGANIZATION?

PLEASE LIST ALTERNATIVE SOURCES TO WHOM YOU HAVE APPLIED FOR FUNDING.

IS REQUEST FOR FUNDING TIME SENSITIVE?
PLEASE LIST ANY DEADLINE DATES THAT APPLY TO THIS REQUEST.

PLEASE LIST CONTACT NAME / PHONE NUMBER and E-MAIL ADDRESS:

NAME: _____

PHONE: _____

E-MAIL ADDRESS: _____

For assistance in completing this form, please contact either A.S. VP of Finance at:
(619) 594-7260 or Accounts Payable Clerk at (619) 594-3275