Appropriations Request

Approved Funding Amount: $ __________
President Signature: __________________________
Treasurer Signature: __________________________
Date of Action: __________________________

Applications and supporting materials must be submitted by the 15th of each month for review at the beginning of the following month (September through April). Submissions may be e-mailed as attachments to SGA@uthscsa.edu (preferred), or hard copies may be submitted to the Office of Student Life. Late submissions may not be accepted for consideration. The student requesting funds may be asked to attend the SGA Appropriations Committee meeting in which this application will be discussed. Limited funding is available on first-come, first-served basis. A written summary and photos of the activity and receipts for reimbursement must be submitted by one month after the event.

Please indicate request type*:

☐ Conference/Workshop ☐ Lodging ☐ Travel ☐ Professional Development
☐ Medical Supplies ☐ Other

Date of Opportunity: _______________

Please indicate school affiliation(s)*:

☐ Dental School ☐ Graduate School of Biomedical Sciences
☐ School of Health Professions ☐ School of Medicine ☐ School of Nursing

Program (if applicable): ______________________________________________________________________

Contact Name*: ____________________________ Phone*: ____________________________

Contact E-mail*: ____________________________

Event*: ________________________________________________________________________________

Please describe purpose and benefit of event.*
______________________________________________________________
______________________________________________________________
______________________________________________________________

Please describe how you will promote event beforehand.*
______________________________________________________________
______________________________________________________________
______________________________________________________________

Please describe how you will disseminate information about the event afterwards.*
______________________________________________________________
______________________________________________________________
______________________________________________________________

Revised 04/18/2023
Please provide any additional relevant information about the event.*

________________________________________________________________________________________________________

________________________________________________________________________________________________________

Funding obtained from other sources or Department. * ________________________________

________________________________________________________________________________________________________

Expense Detail Worksheet

Travel-related expenses

A. Transportation
   Vehicle ($0.565/mile)  $_____ x _____ = $______ total
   OR
   Commercial Carrier (air, train, etc.) $_____ x _____ = $______ total

B. Lodging
   Hotel  $_____ x _____ = $______ total

C. Registration, conference fees, etc. $_____ x _____ = $______ total

D. Other (be prepared to explain) $_____ x _____ = $______ total

Attachments to include  *required

- Completed application form*
- For travel requests (where applicable):
  - Maps to establish mileage* MapQuest
  - Quotes for Registration, Hotel, Airfare, Train rates*
- For Medical Supplies (where applicable):
  - Quotes for items*
- For Conferences, Workshops, Professional Development, Other
  - All necessary documentation for activity*

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