Appropriations Request

SGA Use Only

Approved Funding Amount: $______     Date of Action: ________________

President Signature: ___________________     Treasurer Signature: ________________

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 Student Life Office (Briscoe Library Building Room 3.056). Late submissions may not be accepted for consideration. A representative from the requesting Organization must 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*:

☐ Community Service     ☐ Travel     ☐ Activity     ☐ Conference

Date*: _______________     Organization: _______________________________________

Organization President’s name (printed)     Signature

Organization Current Account Balance: _______     Date: _____________

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*: ______________________________________

Revised 04/18/2023
Date(s) of event*: ______________________  Total Budget Amount*: __________  

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.* 
________________________________________________________________________
________________________________________________________________________

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<th>Student names* (10 max)</th>
<th>Student ID Number*</th>
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Please provide any additional relevant information about the event.* 
________________________________________________________________________
________________________________________________________________________
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Funding obtained from other sources or Department.* ____________________________
________________________________________________________________________
________________________________________________________________________
## Expense Detail Worksheet

### Travel-related expenses

**A. Transportation**
Vehicle ($0.565/mile)  
\[ \text{\$} \text{# of cars} = \text{\$} \text{total} \]

OR

Commercial Carrier (air, train, etc.)  
\[ \text{\$} \text{# of people} = \text{\$} \text{total} \]

**B. Lodging**
Hotel  
\[ \text{\$} \text{Room cost} \times \text{# of people} \times \text{# of nights} = \text{\$} \text{total} \]

**C. Registration, conference fees, etc.**  
\[ \text{\$} \text{# of people} = \text{\$} \text{total} \]

**D. Other (be prepared to explain)**  
\[ \text{\$} \text{# of people} = \text{\$} \text{total} \]

### Community service/activity/event-related expenses

**A. Food**
Vendor  
Menu  
Price per plate \[ \text{\$} \times \text{plates} = \text{\$} \text{total} \]
Delivery charge \[ \text{\$} \text{Total} \]

**B. Beverages**
Vendor  
Items  
Cost \[ \text{\$} \text{Vendor} \]
Items  
Cost \[ \text{\$} \]

**C. Materials (service supplies, decorations, publicity supplies, etc.)**
Vendor  
Items  
Cost \[ \text{\$} \text{Vendor} \]
Items  
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Revised 04/18/2023
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D. Other (event-specific items; be prepared to explain)

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**Attachments to include**

- Completed application form*
  - For travel requests (where applicable):
    - Maps to establish mileage* MapQuest
    - Quotes for Registration, Hotel, Airfare, Train rates*
  - For event requests (where applicable):
    - Quotes for catering/food services*
  - Organization meeting minutes where event and request for SGA funds was discussed (will be considered in decision)