### Appropriations Request

**SGA Use Only**

<table>
<thead>
<tr>
<th>Approved Funding Amount: $_____</th>
<th>Date of Action: ____________________</th>
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<td>President Signature: ____________</td>
<td>Treasurer Signature: ____________</td>
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Applications and supporting materials must be submitted by the 15th of each month for review at the beginning of the following month (September through May). Submissions may be e-mailed as attachments to SGA@uthscsa.edu (preferred), or hard copies may be submitted to the Student Life Office (Room 314L Med). 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: ________________________________

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Organization President’s name (printed)  
Signature

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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): ________________________________

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Contact Name*: ____________________________  
Phone*: ________________________________

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Contact E-mail*: ________________________________

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Event*: ____________________________________________
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.*
________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________

Student names* (10 max)  Student ID Number*
1. 
2. 
3. 
4. 
5. 
6. 
7. 
8. 
9. 
10. 

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
   # of cars

OR

   Commercial Carrier (air, train, etc.) $______ x ______ = $______ total
   # of people

B. Lodging
   Hotel $______ x ______ x ______ = $______ total
   Room cost # of people # of nights

C. Registration, conference fees, etc. $______ x ______ = $______ total
   # of people

D. Other (be prepared to explain) $______ x ______ = $______ total
   # of people

Community service/activity/event-related expenses

A. Food
   Vendor _______________________________________________________
   Menu _______________________________________________________
   Price per plate $______ @ ________ plates = $________
   Delivery charge $______
   Total $______

B. Beverages
   Vendor _______________________________________________________
   Items _______________________________________________________
   Cost $________________________________
   Vendor _______________________________________________________
   Items _______________________________________________________
   Cost $________________________________

C. Materials (service supplies, decorations, publicity supplies, etc.)
   Vendor _______________________________________________________
   Items $________________________________
   Cost $________________________________
   Vendor _______________________________________________________
   Items _______________________________________________________
   Cost $________________________________
D. Other (event-specific items; be prepared to explain)

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<tr>
<th>Vendor</th>
<th>Items</th>
<th>Cost</th>
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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 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)