



Annual Budget Request Form

Please complete the form below with information pertaining to your organizations proposed budget for the full academic year. Supporting documentation (i.e. hotel quotes, registration forms, travel costs, etc.) should be attached to support the budget request.

GRADUATE CLUB _____

E-BOARD (Name, Title) _____

FACULTY/STAFF ADVISOR _____

ON-CAMPUS EVENTS

1. Type of Event _____ Anticipated Number Students _____

Speaker Fee \$ _____ Transportation Fee \$ _____ Food/Beverages \$ _____

Other \$ _____ Other Details: _____

2. Type of Event _____ Anticipated Number Students _____

Speaker Fee \$ _____ Transportation Fee \$ _____ Food/Beverages \$ _____

Other \$ _____ Other Details: _____

3. Type of Event _____ Anticipated Number Students _____

Speaker Fee \$ _____ Transportation Fee \$ _____ Food/Beverages \$ _____

Other \$ _____ Other Details: _____

TOTAL AMOUNT REQUESTED FOR ON CAMPUS EVENTS.....\$ _____

OFF-CAMPUS EVENTS

1. Type of Event _____ Anticipated Number Students _____

Speaker Fee \$ _____ Transportation Fee \$ _____ Food/Beverages \$ _____

Other \$ _____ Other Details: _____

2. Type of Event _____ Anticipated Number Students _____

Speaker Fee \$ _____ Transportation Fee \$ _____ Food/Beverages \$ _____

Other \$ _____ Other Details: _____

3. Type of Event _____ Anticipated Number Students _____

Speaker Fee \$ _____ Transportation Fee \$ _____ Food/Beverages \$ _____

Other \$ _____ Other Details: _____

TOTAL AMOUNT REQUESTED FOR OFF-CAMPUS EVENTS \$ _____

OTHER REQUESTS:

Event Details _____

Event Date _____ Event Location _____

TOTAL AMOUNT REQUESTED FOR OTHER EVENTS **Total \$** _____

TRAVEL

1. Travel Location _____ Anticipated Number Students _____

REGISTRATION/ENTRY FEES:

Number of Students _____ x cost per student \$ _____ Total \$ _____

HOTEL EXPENSES:

Name of the hotel _____

(4 students per room of the same gender identity)

Number of rooms _____ x cost per room \$ _____ x number of nights _____ Total \$ _____

TRANSPORTATION EXPENSES:

Charter Bus/Train: Total \$ _____

Stockton Shuttle: Total \$ _____

Tolls and Parking Fees: Total \$ _____

Airfare: Number of travelers _____ x cost per ticket \$ _____ Total \$ _____

2. Travel Location _____ Anticipated Number Students _____

REGISTRATION/ENTRY FEES:

Number of Students _____ x cost per student \$ _____ Total \$ _____

HOTEL EXPENSES:

Name of the hotel _____

(4 students per room of the same gender identity)

Number of rooms _____ x cost per room \$ _____ x number of nights _____ Total \$ _____

TRANSPORTATION EXPENSES:

Charter Bus/Train: Total \$ _____

Stockton Shuttle: Total \$ _____

Tolls and Parking Fees: Total \$ _____

Airfare: Number of travelers _____ x cost per ticket \$ _____ Total \$ _____

3. Travel Location _____ Anticipated Number Students _____

REGISTRATION/ENTRY FEES:

Number of Students _____ x cost per student \$ _____ Total \$ _____

HOTEL EXPENSES:

Name of the hotel _____

(4 students per room of the same gender identity)

Number of rooms _____ x cost per room \$ _____ x number of nights _____ Total \$ _____

TRANSPORTATION EXPENSES:

Charter Bus/Train: Total \$ _____

Stockton Shuttle: Total \$ _____

Tolls and Parking Fees: Total \$ _____

Airfare: Number of travelers _____ x cost per ticket \$ _____ Total \$ _____

TOTAL AMOUNT REQUESTED FOR TRAVEL \$ _____

As a Member of Club's E-Board, I have compiled this annual budget request to anticipate events the club would like to participate in during this academic year and endorse the proposed activities.

Signature _____ Date _____

As Advisor to this Organization, I have read this annual budget request and endorse the proposed activities.

Faculty/Staff Advisor Signature _____ Date _____