STOCKTON UNIVERSITY
STUDENT SENATE SUPPLEMENTAL REQUEST FORM

Please complete the following supplemental form and attach supporting documentation. Clubs/organizations must meet with their Student Development advisor before meeting with the Student Senate Finance Committee. Please remember when applying for a supplemental we prefer you to have attempted to raise some money on your own, and to have bargained the price for certain things that you are purchasing.

A. CONTACT INFORMATION:

Name of Organization ________________________________

Student Development Advisor ________________________________

Contact Person’s name and phone number ________________________________

Circle Type of Request: Program/Purchase/Travel/Conference

Title ________________________________

Location ________________________________

Date and Time ________________________________

Estimated Attendance ________________________________

Has the Student Club/Organization registered with Student Development (Circle) Yes/No

If You Have Circle No, Please explain why ________________________________

Has the Student Club/Organization received any funding for 2013-2014 (Circle) Yes/No

If You Have Circle Yes, Please describe ________________________________

**FOR PROGRAM AND/OR PURCHASE REQUEST COMPLETE SECTION B ONLY**

**FOR TRAVEL OR CONFERENCE REQUEST COMPLETE SECTION C ONLY**

YOU MUST ALSO SUBMIT A TRAVEL PACKET WHICH CAN BE FOUND IN STUDENT DEVELOPMENT

B. SUPPLEMENTAL REQUEST FOR PROGRAM OR PURCHASE:

Program Coordinator name and phone number ________________________________

ITEMIZED LIST OF EXPENSES: AMOUNT

<table>
<thead>
<tr>
<th>Food</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speakers</td>
<td>AMOUNT</td>
</tr>
<tr>
<td>Equipment</td>
<td>AMOUNT</td>
</tr>
<tr>
<td>Other/Miscellaneous</td>
<td>AMOUNT</td>
</tr>
</tbody>
</table>

TOTAL COST OF EVENT

Total Cost ___________ Club’s Contribution ___________ Personal Contribution ___________
Supplemental Amount Being Requested

C. SUPPLEMENTAL REQUEST FOR TRAVEL/CONFERENCE:

Trip Coordinator name and phone number

TRANSPORTATION EXPENSES:
Charter Bus: $__________
Stockton Shuttle: $__________
Tolls and Parking Fees: $__________
Air Fare/Train Fare/FERRY:
Number of travelers $__________

REGISTRATION/ENTRY FEES:
Number of Students $__________
Number of Students $__________

MEAL EXPENSES:
Do not calculate meals that are included in the cost of registration. Meals must come from personal or club contribution.

Breakfast(s) @ $__________ for ______ travel = $__________
Lunch(s) @ $__________ for ______ travel = $__________
Dinner(s) @ $__________ for ______ travel = $__________

HOTEL EXPENSES:
Number of rooms $__________ x number of nights $__________
Number of rooms $__________ x number of nights $__________
Tax $__________

MISCELLANEOUS EXPENSES:
OTHER (explain) $__________

TOTAL TRIP COST $__________

Total Trip Cost Club’s Contribution Personal Contribution

Supplemental Amount Being Requested $__________

D. APPROVAL/VERIFICATION
***FOR STUDENT SENATE USE ONLY***
Student Development Advisor Signature Date
Recommendation:
Finance Chair Signature Date
Adjustment to Supplemental Final Supplemental Amount