



# Request for Appropriation of Funding Non-Board of Trustee Item Request

Note: All request must be submitted 6 weeks prior to event date

Submit to Student Life Office and email to [lhennings@mtsac.edu](mailto:lhennings@mtsac.edu). Upon receipt, confirmation of item and agenda date will follow.

For Office Use Only	
Request #:	01-2223
Date Received:	June
Agenda Date:	8/23/22

## I. Type of Appropriation Requested (Select all that apply):

- |   | Amount Requested per item |
|---|---------------------------|
| <input type="checkbox"/> Catering: (ex. Sodexo, off-campus restaurants and caterers)                      | \$ _____                  |
| <input type="checkbox"/> Conference & Travel: (ex. Registration, transportation, lodging, meal allowance) | \$ 1,280 <sup>00</sup>    |
| <input type="checkbox"/> Food Supplies: (ex. Pre-packaged food items like chips and candy, etc.)          | \$ _____                  |
| <input type="checkbox"/> Supplies: (ex. Streamers, paper cups, plastic utensils, decorations, etc.)       | \$ _____                  |

If you are requesting funding for an Independent Contractor or Contract, you will require the Board of Trustees approval. You must complete a separate "Request for Appropriation of Funding Board of Trustee Item Request."

TOTAL AMOUNT REQUESTED: \$ 1,280<sup>00</sup>

## II. Additional Sources of Funding

approved \$ 2104.93

Are you considering other sources of funding? (Circle one) Yes / No

If so, please indicate the Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

## III. Event Information

Recognized Student Club/ Organization (RSCO) or Department: ADDICTION COUNSELING PROGRAM

Name of Event: CAADE CONFERENCE

25 Live Reservation Reference Code: \_\_\_\_\_

Event Location: MARRIOTT BURBANK HOTEL

Event Date: 9/16/22 - 9/18/22

Event Start to End Time: 9 AM 9/16 - 12 PM 9/18

**NOTE: Associated Students has the purview of requiring certain events to prove all participants to have paid their current Student Activities Fee. Fees are subject to electronic verification, via the Associated Students website.**

**IV. Additional Information Required**

Purpose of Event: A.S. seeks to enhance the student experience through activities fulfilling one of the following five priorities, please select one priority area(s) your event fulfills.

- Co-curricular engagement
- Leadership development
- Retention & transfer
- Recognition of service
- Civic engagement and advocacy

**Please describe how your event fulfills the selected A.S. Priority area and provide a detailed Budget breakdown for the amount requested by including quotes, conference webpages, etc.**

**V. Funding Conditions**

All groups requesting Associated Students funding are hereby notified that the event advisor (or designee) is responsible for processing all banner requisitions with approved vendors. **NOTE: Additional Fiscal Services forms, guidelines, and procedures may be required.** All event marketing, written and oral, must acknowledge Associated Students as a sponsor and include the Associated Students logo on all materials.

This form must be completely filled out, with signatures below, and submitted to the A.S. Administrative Specialist III at least 6 weeks prior to the event date to be considered for funding. For specific questions, please contact the Student Life Office at x4525 or email [lhennings@mtsac.edu](mailto:lhennings@mtsac.edu).

**A. Club Advisor / Employee Submitting Request Form**

Print: Garett Staley  
 Sign: [Signature]  
 Date: 7/27/22 Ext/Phone: 909 633-7661  
 Email: gstaley@mtsac.edu

**B. Designee Processing Banner Requisition(s)**

*If different from person A.*

Print: \_\_\_\_\_  
 Sign: \_\_\_\_\_  
 Date: \_\_\_\_\_ Ext/Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

**For Office Use Only**

Co-Sponsor (Motion): Charlie Yang Date: 8/23/22

Co-Sponsor (Second): Julia Nom Date: 8/23/22

**A.S. Senate**

For: Unanimous Against: \_\_\_\_\_ Abstain: \_\_\_\_\_ Date: 8/23/22

**A.S. Executive Board**

For: Unanimous Against: \_\_\_\_\_ Abstain: \_\_\_\_\_ Date: 8/23/22

**A.S. President**

Approve  Veto Signature: [Signature] Date: 8/25/22

Notification of Appropriation Date: \_\_\_\_\_ Requisition #: \_\_\_\_\_ PO #: \_\_\_\_\_

C & T Form: Date: \_\_\_\_\_ T#: \_\_\_\_\_

Check Requests: \$ \_\_\_\_\_ Purpose: \_\_\_\_\_ \$ \_\_\_\_\_ Purpose: \_\_\_\_\_

\$ \_\_\_\_\_ Purpose: \_\_\_\_\_ \$ \_\_\_\_\_ Purpose: \_\_\_\_\_