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|  | **Associated Students of Gavilan College**  **Budget Request Form**  Student Center **∙** 5055 Santa Teresa Blvd. Gilroy, CA 95020 **∙** (408) 848-4777 |  |

To request financial support from ASGC, please **complete this form** and submit at least three (3) weeks prior to event. The requestor or a representative must be present at the ASGC Senate meeting when this request is to be considered. *Priority consideration is given to current ASGC card holders.*

1. Check the semester in which the funds will be used. \_\_\_\_ Fall 20 \_\_\_\_

\_\_\_\_ Spring 20 \_\_\_\_

1. Date of Request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Name of person requesting the funds:
3. Name of organization/department/club:
4. Contact phone number:
5. Contact email address:
6. Purpose of request (i.e. play reading series, breast cancer awareness, etc.):

1. Amount requested: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Needed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe how the funds will be used. Attach additional documentation as needed.

Date request was received by ASGC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ by:

ASGC Member

Approved by ASGC on

ASGC President: Date:

ASGC Advisor: Date: