A.S. BCC Request for Funds

AS BCC Name: _____

AS Account Number: _____ Date: _____

Event Name: _____ Event Date: _____

Event Budget: $_____ Request Amount: $_____

List of other Financial Sources from which you have received funding…

Organization	Funds/Equipment	Contact Name/E-Mail
AS CAB	$_____	_____
AS IVCRC	$_____	_____
AS Program Board	$_____	_____
AS SCORE	$_____	_____
KCSB	$_____	_____
Chancellor	$_____	_____
Vice Chancellor	$_____	_____
CSO	$_____	_____
RHA	$_____	_____
(other)_____	$_____	_____
(other)_____	$_____	_____
(other)_____	$_____	_____
(other)_____	$_____	_____
(other)_____	$_____	_____
(other)_____	$_____	_____
(other)_____	$_____	_____
(other)_____	$_____	_____

I, _____ (print name), on_____ (date), do hereby agree to be held fiscally accountable for any Associated Students funding, should it be granted.

_____ Phone: _____
(signature)

E-Mail: _____

_____ Date: _____
(FB Liaison Signature)

Please fill out the budget below, or paste your budget over it.

Item	Cost	Quantity	Total Cost
Entertainment			
Venue			
Food			
Publicity			
Nexus			
Facebook			
Printing			
T-Shirts			
Security			

TOTAL $