



Special Project Funding Request Form 2024-25

Course Union: _____

Contact Name: _____

Phone #: _____ Email: _____

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Name of Project: _____

Date of Event: _____

Amount Requested from ASSU: _____

Full detailed description of Project:

List other organizations you are seeking funding from - please indicate if the funding is approved, rejected, or pending. If approved, indicate the amount granted.

Please provide a FULL detailed line-by-line budget:

<u>ITEM</u>	<u>COST</u>
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Please attach any additional information to this form.

Receipts and any unused money must be submitted within 3 weeks of your events



FOR OFFICE USE

Date Received: _____

Date Approved: _____

Amount Granted: _____ ASSU Signature: _____

NOTES: _____
