



MSC BUDGET COMMITTEE Student Organization Funding Request

Name of Group Requesting Funding:

Faculty Advisor's name:

Department (if applicable):

Contact person name:

Class of:

Email Address:

Phone Number:

Individual requesting funding is a recognized member of one of the following groups:

National/Campus Student Organization

Social Organization

Career Specialty Interest Group

Please provide a brief mission statement of your organization:

Reason for funding request:

Date of Event or Conference:

Location:

Number of Attendee(s):

Names of Attendee(s) (must be in good academic standing):

Benefit to the UCLA Community:

Itemized Expenses:

	Amount requested	Amount approved
Conference Registration Fee:		
Hotel/Accommodations: Name of Hotel Cost Per Night Number of Nights Number of people per Room		
Driving miles (if applicable): \$0.445 x miles driven		
Airfare:		

Other:		
Subtotal:		
-\$100 out of pocket expense travel out of state/ \$50 in state)		
Total:		

Please indicate if you have attempted to find funds from other sources and please specify amount:

- Fundraising:
- Department: (i.e. specialty interest groups):
- Student organization (i.e. AMSA, AMA, etc):

TOTAL AMOUNT APPROVED BY MSC:
APPROVED BY:
DATE APPROVED:

For Student Reimbursement Purposes Only
(Do not fill out until after MSC Approval)

Name:

Mailing Address:

Social Security Number:

(Attach original receipts and credit card/bank statements showing proof of purchase)

All requests will be processed by:
Dawn Yoshinaga
Student Affairs Accounting 12-159 CHS
***Submit Receipts within 30 days of
travel/purchase***

Questions should be directed to:
emilyswant@ucla.edu

SAO Accounting Use Only	
<input type="checkbox"/>	Received on:
<input type="checkbox"/>	Processed by accounting on:
<input type="checkbox"/>	Additional SAO Funding \$ _____
<input type="checkbox"/>	Amount to be reimbursed: