

Associated Students of Ohlone College
Event Money Request Form
(ASOC)

Please type or print neatly in black ink and attach one (1) page of additional information to clarify/support your request.

Fill in the left side of this form completely. Be aware that the ASOC has a limited amount of funds to distribute to different individuals/organizations. You must be specific in your request and ready to present your needs to the ASOC during one of their regular meetings.

This process will take approximately one week of preparation time (to get on the ASOC agenda), 3-4 minutes in a presentation, and approximately one week of decision time allotted to the ASOC. So, prepare your request **NO LATER** than three weeks prior to an ASOC meeting (held every Tuesday at 4:00pm in room 7101 during the academic calendar).

Program Title: _____

Name of Presenter: _____

Campus Extension: _____

E-mail Address: _____

Explain the program and its purpose: _____

How many students will be involved in this program? _____

How will the students be included in deciding the scope and direction of the program?

How will students be involved in deciding how the money will be spent?

Are any other campus organizations involved in the program (i.e. another club or another class) other than your own? _____

Besides the ASOC, what other funding sources have you explored?

(continued on back)

What creative publicity do you have planned for the event? _____

Please highlight your budgeted INCOME in the following blanks. Indicate the income source and note how the total was derived.

1. _____ = _____
 2. _____ = _____
 3. _____ = _____
 4. _____ = _____
- Total Income = \$ _____

Please highlight your budgeted EXPENSES in the following blanks. Indicate the expense and note how the total was derived. An example is listed.

1. _____ = _____
 2. _____ = _____
 3. _____ = _____
 4. _____ = _____
- Total Expenses = \$ _____
- Total Income = \$ _____
- Total Expenses = \$ _____
- BALANCE = \$ _____

TOTAL Amount Requested from ASOC: \$ _____

Are there any further notes that you would like the ASOC to know about your request?

OFFICE USE ONLY

2008-09 Allocation \$ _____

ASOC account title: _____

ASOC account #

71-0-74-80005-0000- _____

Funding Approval / Denied (circle one)

Funding Approval/Denial Date: ____/____/____

Please return this form to Campus Activities (Building 7, 2nd Floor)

{ no less than 3 weeks prior to your event. }

Date filed at Campus Activities _____