

St. Cloud State University



Reserve Request Packet

EQUIPMENT RESERVE

Submit 4 weeks prior to purchase

Fall 2007 - Spring 2008

Student Government - Senate Finance Committee

St Cloud State University

Equipment Reserve Request Form

Requesting Organization : _____

Advisor: _____ Phone: _____

Email: _____@stcloudstate.edu

Organizations President _____

Email: _____@stcloudstate.edu

Organizations Student Contact: _____

Email: _____@stcloudstate.edu

1. What are your current account balances?

334 ___ \$ _____ 900 ___ \$ _____ Other : _____ \$ _____

2. When was your organization registered by Center for Student Leadership and Development, CSOLD?

3. Has your organization conducted any fundraising since July 1 to now? Yes / No (please circle one)

If yes, please list all fundraising activities since July 1 to now.

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

If no, please list reasons.

4. How many *current* members are in your organization? _____

5. Have you received money from Equipment Reserve or other Reserves this year? Yes / No (please circle one)

6. Have you read and do you understand the finance policies pertaining to this Equipment Reserve Request?

Yes / No (please circle one)

If no, please list questions here:

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Equipment Reserve Request Form - Continued

Please provide a breakdown of all funds expected to help purchase this equipment

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Please provide a breakdown of funds requested for equipment :

(attach two quotes for each equipment item to this application)

Item 1 _____

Quote 1 _____ \$ _____

Quote 2 _____ \$ _____

Item 2 _____

Quote 1 _____ \$ _____

Quote 2 _____ \$ _____

Item 3 _____

Quote 1 _____ \$ _____

Quote 2 _____ \$ _____

Item 4 _____

Quote 1 _____ \$ _____

Quote 2 _____ \$ _____

Item 5 _____

Quote 1 _____ \$ _____

Quote 2 _____ \$ _____

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Equipment Reserve Request Form - Continued

Equipment requested:

Explanation of need:

How are you getting by without the equipment currently?

Total Cost of all equipment: \$ _____ Date funds needed by: _____
 Dollar amount requesting \$ _____ _____

Storage location for this equipment : - _____

Our organization is aware of all Senate Finance policies and guidelines and assumes the responsibility of obtaining them. Our organization is also aware that only one funded request per reserve is allowed during any fiscal year. Our organization realizes that the filing of this form does not guarantee any funds will be allocated. Our organization is also aware that we must send a liaison to be present at the SFC meeting and the Student Senate meeting to present this request; if we fail to attend, we realize our request will be dismissed. The information this organization has supplied in this request is correct and true. Our organization understands that all equipment purchased with student activity fees must be stored on state property. Our organization also realizes that the SFC and Senate will carefully consider our request to the best of the knowledge that is given to them.

Advisor signature: _____ Organizations president signature _____

OFFICE USE ONLY

SFC Vote Count Y ____ N ____ A ____

Senate Vote: Pass / Fail

Recommended Allocation: \$ _____

Senate Vote Count Y ____ N ____ A ____

Date: _____

Date: _____