

# St. Cloud State University



Reserve Request Packet

**FREE BALANCE  
RESERVE**

Submit 4 weeks prior to event

Fall 2007 - Spring 2008

Student Government - Senate Finance Committee

St Cloud State University

Free Balance 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 Free Balance or other Reserves this year? Yes / No (please circle one)

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

Yes / No (please circle one)

If no, please list questions here:



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## Free Balance Reserve Request Form - Continued

Purpose for request:

Total Cost of the event: \$ \_\_\_\_\_

Date funds needed by: \_\_\_\_\_

Dollar amount requesting \$ \_\_\_\_\_

\_\_\_\_\_

(Maximum request amount \$2,000.00)

How does this event help benefit and enhance the students of St. Cloud State University?

Is this open to all students at St. Cloud State University? Yes / No (please circle one)

If yes, how many student are expected to attend? \_\_\_\_\_

If no, why not?

If any, how many university staff members are expected to attend? \_\_\_\_\_

If any, how many community members are expected to attend? \_\_\_\_\_

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 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: \_\_\_\_\_