



Bay State College

Office of Student Activities

31 St. James Avenue
Boston, MA 02116
Phone (617) 217-9228
kstaine@baystate.edu

FUNDING REQUEST

Name of Organization: _____

Name of President: _____ Phone: _____ Email: _____

Date of Proposal: _____ Date of Event (if applies): _____

Total Request Amount: \$ _____

REQUEST OF PAYMENT	
Corporate Credit Card	
Pay out of Pocket – Refunded	
Check Request	

*Corporate Credit Card may not be available for all requests.

Please provide a brief description of what the funding will be used for?

Please provide an Expense Description:

ITEM	FROM WHERE?	COST
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$
6.		\$
7.		\$
8.		\$
9.		\$
10.		\$
		TOTAL:
		\$

Organization President: _____ Date: _____

Organization Advisor: _____ Date: _____

Asst. Director of Student Activities: _____ Date: _____

Fill out form in its entirety and submit to the Office of Student Activities, 31 St. James Avenue
Contact the Office of Student Activities at (617)-217-9228 or kstaine@baystate.edu with questions.

OFFICE OF STUDENT ACTIVITIES USE ONLY

Date Received: _____ Asst. Director of Student Activities Initials: _____