



Bay State College

Department of Student Affairs

31 St. James Avenue, 2nd Floor
Boston, MA 02116
Phone (617) 217-9218
jsehpard@baystate.edu

STUDENT ORGANIZATION FUNDING REQUEST

Name of Organization: _____ Date of Proposal: _____

Name of E-Board Member: _____ BSC Email: _____

Date of Event (if applies): _____ Total Amount Requested: \$ _____

| REQUEST OF PAYMENT | |
|-----------------------------------|--|
| Credit Card | |
| Pay out of Pocket – Reimbursement | |
| Check Request | |

*Credit Card may not be available for all requests.

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

Please provide a brief breakdown of any expenses requested.

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

Organization E-Board Member: _____ Date: _____

Organization Advisor: _____ Date: _____

Associate Director of Student Experience: _____ Date: _____

OFFICE OF STUDENT INVOLVEMENT & LEADERSHIP USE ONLY

Date Received: _____ Department of Student Affairs Employee Initials: _____