

Round 1: _____

Round 2: _____

Department Chair Priority #

Vending Machine Fund Application

College of Humanities and Social and Behavioral Sciences

Anspach 106

Round 1 – Deadline: Friday, October 30, 2009

Round 2 – Deadline: Friday, February 26, 2010

Instructions

Please submit your application to the Dean's Office, Anspach 106, before 5:00 pm on the deadline date. Each request must be on a separate form, and all signatures must be included for the application to be considered. Questions may be directed to the Dean's Office at #3341.

Department: ENG FLLC HST MSL PHL
 ELI REL PSC PSY SASW

Name of RSO: _____

Contact Name: _____ Advisor's Name: _____

Telephone: _____ E-mail Address: _____

Amt Requested: \$ _____ Amt Covered by RSO: \$ _____ Total Cost: \$ _____

Description of Event (please be specific—trip, conference, speaker, etc.):

Location of Event: _____

Date(s) of Event: _____ No. of Students Involved: _____

Budget Breakdown (See Policies and Procedures for travel rates, conference fees and honoraria rates and allowances):

Expense

Cost

Transportation:

- Automobile (indicate destination points below)
 - Personal (From: _____) (To: _____)
(From: _____) (To: _____)
 - Rental (car, van or passenger van)
- Airplane
- Other: _____ \$ _____

Conference Fees:

- Presenters (how many: _____) \$ _____
- Attending Only (how many: _____) \$ _____

Honoraria for Off-campus speaker:

(\$100 per speaker) (how many: _____) \$ _____

Other (be specific):

_____ \$ _____

Total Requested from Fund \$ _____

Miscellaneous budget information your group would like the committee to consider:

Student Signature

Date

Advisor Signature

Date

Department Chairperson Signature

Date

CHSBS VENDING FUNDS

Final Report for Activities

College of Humanities and Social & Behavioral Sciences

Anspach 106

This report must be submitted to the *Dean's Office* along with your request for reimbursement of funds.

Department Offices can assist you with reimbursement forms. You must provide them with a copy of the *award letter* and *original receipts*. You must have the proper documentation. No incomplete reimbursement forms will be accepted or funded.

Student organizations are responsible for the completion and return of this report with the necessary documentation to the Dean's Office. Student organizations will not be eligible to submit applications the following year until this report has been received. If your event has been cancelled or postponed please inform the Dean's Office.

Name of Organization: _____

Name of Organization's "Housing" Department: _____

Original Amt. Allocated: _____ Additional Allocation: _____ Amount Unused: _____

Description of Event: *(use back side if necessary)*

Student Name *(Please print)*

Student Signature

Date

Phone

Email

FOR OFFICE USE ONLY

Date Submitted to Dean's Office: _____ Date Funds Reimbursed: _____

Amount Allocated: _____ Amount Used: _____ Confirmed by: _____