

**SAC Multiple Project Request Form**

Project Request Bill # \_\_\_\_\_

**PLEASE PRINT OR TYPE ALL RESPONSES TO BE CONSIDERED BY THE COMMITTEE.**

Student Organization Name: \_\_\_\_\_

Advisors Name: \_\_\_\_\_

Name of Person Presenting Request: \_\_\_\_\_

Amount of Funds Your Organization will contribute to these events: \_\_\_\_\_

**PROJECT/ACTIVITY INFORMATION** (Please be as detailed as possible)

1) Dates: \_\_\_\_\_

Location: \_\_\_\_\_

Number of Persons Involved: \_\_\_\_\_

Description of Project/Activity: \_\_\_\_\_

**Detailed** Itemization of Expenses: \_\_\_\_\_

a) \_\_\_\_\_

b) \_\_\_\_\_

c) \_\_\_\_\_

Total: \_\_\_\_\_

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**PROJECT/ACTIVITY INFORMATION** (Please be as detailed as possible)

2) Dates: \_\_\_\_\_

Location: \_\_\_\_\_

Number of Persons Involved: \_\_\_\_\_

Description of Project/Activity: \_\_\_\_\_

**Detailed** Itemization of Expenses: \_\_\_\_\_

a) \_\_\_\_\_

b) \_\_\_\_\_

c) \_\_\_\_\_

Total: \_\_\_\_\_

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**PROJECT/ACTIVITY INFORMATION** (Please be as detailed as possible)

3) Dates: \_\_\_\_\_

Location: \_\_\_\_\_

Number of Persons Involved: \_\_\_\_\_

Description of Project/Activity: \_\_\_\_\_

**Detailed** Itemization of Expenses: \_\_\_\_\_

a) \_\_\_\_\_

b) \_\_\_\_\_

c) \_\_\_\_\_

Total: \_\_\_\_\_

Contd.

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**PROJECT/ACTIVITY INFORMATION** (Please be as detailed as possible)

4) Dates: \_\_\_\_\_

Location: \_\_\_\_\_

Number of Persons Involved: \_\_\_\_\_

Description of Project/Activity: \_\_\_\_\_

**Detailed** Itemization of Expenses:

a) \_\_\_\_\_

b) \_\_\_\_\_

c) \_\_\_\_\_

Total: \_\_\_\_\_

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**PROJECT/ACTIVITY INFORMATION** (Please be as detailed as possible)

5) Dates: \_\_\_\_\_

Location: \_\_\_\_\_

Number of Persons Involved: \_\_\_\_\_

Description of Project/Activity: \_\_\_\_\_

**Detailed** Itemization of Expenses:

a) \_\_\_\_\_

b) \_\_\_\_\_

c) \_\_\_\_\_

Total: \_\_\_\_\_

**GRAND TOTAL REQUESTED:** \_\_\_\_\_

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If more space is needed, please use additional sheets with same information.

<b><u>OFFICE USE ONLY</u></b>	
Date of Review: _____	
Comments: _____	
Amount Allocated: _____	Approved: _____
SAC Chair _____	Vice President for Student Affairs _____
Date	Date