



# Club Money Request Form

## SABA UNIVERSITY SCHOOL OF MEDICINE



- The SGA, pending review and approval, may match the clubs fundraising efforts
- Please remember the SGA has a limited budget and cannot guarantee funding for your activity/event
- Please print neatly in black ink and attach any additional information to clarify/support your request
- **Attach a detailed budget for your event/activity**
- Submit this form to SGA Representative at least 2 weeks prior to your event
- It may take up to 4 weeks for your club to receive its funding
- If your club receives a stipend from administration; make sure you collect these funds first
- Please refer to our Fundraising Guide on the SGA website at [www.sabamed.org/sga](http://www.sabamed.org/sga)
- **Please refer to page 2 for funding reimbursement guidelines**

To avoid delays, please ensure that all sections of this form are completed prior to submission to the SGA. Only completed request forms with attached detailed budgets will be reviewed.

Club Name: \_\_\_\_\_  
 Activity/Event: \_\_\_\_\_ Club Account Balance: \$ \_\_\_\_\_  
 Estimated Activity/Event Costs: \$ \_\_\_\_\_ Amount Requested: \$ \_\_\_\_\_  
 Club Representative: \_\_\_\_\_ Email: \_\_\_\_\_  
 Date of Activity/Event: \_\_\_\_\_ Date of Request: \_\_\_\_\_

**Please answer each of the following questions about the event you are requesting funding.**

Explain the purpose of the activity/event:

\_\_\_\_\_  
 \_\_\_\_\_

Who will benefit from the activity/event and how many people will be involved?

\_\_\_\_\_  
 \_\_\_\_\_

Are any other campus organizations involved in the program (i.e. another club or class)?

\_\_\_\_\_

What publicity do you have planned for the activity/event?

\_\_\_\_\_  
 \_\_\_\_\_

Besides the SGA, what other funding sources have you used? How much have you raised?

\_\_\_\_\_  
 \_\_\_\_\_

Have you received any funding from the SGA this year? \_\_\_ Yes \_\_\_ No

If yes, how much funding have you received: \$ \_\_\_\_\_

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*Office use only:*

**Funding decision date:** \_\_\_/\_\_\_/\_\_\_

**TOTAL Amount Approved by SGA:** \$ \_\_\_\_\_

*President* \_\_\_\_\_ *Date* \_\_\_\_\_

*Treasurer* \_\_\_\_\_ *Date* \_\_\_\_\_

## FUNDING REIMBURSEMENT GUIDELINES

SGA approved funding ~~over \$200~~ is subject to review of the actual costs of the activity/event. Upon completion of your activity/event, the SGA requires submission of actual costs incurred. All costs submitted must be supported by receipts, invoices, or other third-party supporting documentation. Costs not approved, as outlined in the activity/event budget, are subject to review by the SGA and may be excluded from the reimbursement calculation. If the SGA approved funding is greater than 50% of the actual costs, the amount of funding above 50% must be reimbursed to the SGA. The reimbursement amount is calculated as follows:

$$[\text{ACTUAL ACTIVITY/EVENT COSTS}] \times 50\% - [\text{SGA APPROVED FUNDING}]$$

A negative value of the above calculation represents the amount required to be reimbursed to the SGA by the club. If the value is positive, no reimbursement is required.

### **Funding Reimbursement Calculation Example:**

Budgeted Costs: \$500

SGA Approved Funding: \$250

Actual Activity/Event Costs: \$400

$$[\$400] \times 50\% - [\$250] = -[\$50] = \$50 \text{ reimbursement owed to the SGA}$$

**Failure to submit actual costs incurred or failure to reimburse surplus funding to the SGA will result in the rejection of future funding requests.**