Date:		
Date.		

## Associated Students

## Notre Dame de Namur University



## **Fund Request Form**

Club and Organization:	
Requestor/ Senator:	
Co- Sponsor:	
Event Title:	
Date of Event:	<b>Event Location:</b>
Start Time::	End Time::
Estimated Atter	ndance:
<b>Event Details (What is the pu</b>	urpose of the event? Describe event.):

This form must be submitted by Friday at 12pm before the ASNDNU Senate Financial Meeting. The event must be approved by SLLO at least 14 days before the event takes place and taken to the Senate for approval.

<b>Total Requested</b>		\$		
Once the requesting representative and one club officer have signed below they have agreed that all information above is accurate and the funds will be used for the purpose stated above. If any changes are made that exceed the approved budget it will be approved by the ASNDNU Executive Board.				
Senator/ Requestor Signature:				
Club Officer Name:				
Signature:				
	Office Use Only			
D	ate:			
Passed by Senate: Yes N	No	F O A		
Total Amoun	t Approved: \$			

**Purchased From** 

**Items Being Purchased** 

Cost (\$)