

FY 2024/2025 Request for Funds

Please fill out this form COMPLETELY as it will determine your allocation amount. Be certain to research the expenses you are listing to ensure accuracy. For additional forms please email studentactivities@rcc.edu.

Please fill out a separate form for every single budget line request.

Event/Program/Season:		Date (s)
Primary Event Location		
Is this expense:		Event Type (check all that apply):
Anticipated attendance or studen	nt participation/rostered :	
Brief Overview and Purpose of	event:	
What is the expected outcome of	f this event (be specific):	
Is this a ticketed event?	If yes, how much are ticke	ets?
If there are tickets, are students	who have paid students services f	ees free to your event?
Description of expenses (please	be specific.)	
		\$
	\$	\$
		\$
	\$	\$
	\$	\$
	\$	\$\$
EXPENSE TOTAL: \$	-	\$\$ \$
Will the club/organizatio	n/team/entity be contribution	ng funds, if so, how much: \$
Total Requested from AS		\$ \$
REQUEST FORMS WIL	L NOT BE ACCEPTED AFTE	R REQUEST DEADLINE. ALL
NON-FUNDED REOUESTS	S WILL NEED TO BE SUBMIT	FTED SENATE IN AUGUST 2024



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What is the expected outcome of	of this event (be specific):	
Is this a ticketed event?	If yes, how much ar	e tickets?
If there are tickets, are students	-	
Description of any other	h	
Description of expenses (please		\$
		\$
		\$\$
		\$
	\$ =	
	·	\$
	Ψ	\$
EXPENSE TOTAL: \$	_	\$\$
Will the club/organization	n/team/entity be contr	ibuting funds, if so, how much: \$\$
		\$

Total Requested from ASRCC for this event: \$

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	\$	\$
	\$	\$\$
	\$	\$
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EXPENSE TOTAL: \$		\$
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Total Requested from	ASRCC for this event: S	\$\$
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