

MONETARY REQUEST FORM
Associated Students of Great Falls College Montana State University

This form must be submitted to the ASGFC MSU prior to the Executive Cabinet meetings. The issue will be put on the agenda and voted upon at the next ASGFC MSU regular Senate meeting.

Any group requesting funds must have previously been recognized by the Senate. All programs of study and academic departments are deemed previously recognized.

Organization/Class Requesting Money:	
Monetary Amount Requested:	
Purpose of the Money:	
Amount Raised to Date (Fundraisers, etc.):	
Planned Fundraisers, etc:	
Date Needed by:	
Additional Information:	
Organization Contact Person:	
Contact Person's Phone #:	
Contact Person's E-mail:	

Contact Person's Signature	Date
----------------------------	------

Organization/Class Advisor's Signature	Date
--	------

FOR OFFICE USE ONLY

Received by: _____			
	Executive Officer Name		Date
ACTION TAKEN:	APPROVED	DENIED	MORE INFO NEEDED
Date Action Taken: _____			
	Executive Officer Signature		Date
Funds Transferred: _____			
	Executive Officer Name		Date
Organization Notified: _____			
	Executive Officer Name		Date