Los Angeles Mission College
Associated Student Organization

Budget Request Form

Requirements:
- Budget requests must be submitted three weeks in advance of activity or event to the ASO Treasurer, ASO Executive Administrator, or ASO Advisor.

Request Process:
- The LA Mission College ASO Finance Committee will review the request and will make funding recommendations to the ASO Executive Council.
- It is recommended your organization be represented at the ASO meeting in order to answer any questions regarding your request.

Date ______________

Information of person or organization submitting Budget Request:
Name __________________________ Title _________________________________
Phone # ________________________ E-mail address__________________________
Address _______________________________________________________________

Please provide information for a contact person other than yourself that can answer any questions regarding your budget request:
Name ________________________________________
Title________________________
Phone_______________________________________
Address_______________________________________

Name the event or activity Money will be used for:
________________________________________________________________________

If applicable, please provide the name and office title of an ASO Executive Council officer you have spoken to in regards to this budget request:
Name: _____________________________________________________
Office Title: __________________________________________

Please see back sheet
Amount of your budget request ___________________

Please Itemize Budget Request Below or Attach a detailed sheet

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<th>Name of Expense</th>
<th>Cost</th>
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Please explain how providing you with your request will benefit Los Angeles Mission College students

________________________________________________________________________
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Signature _____________________________
Print _____________________________
Date________________________

Finance Committee Recommendation:
Approved __ Denied __
Alternative Recommendation
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

ASO Treasurer Signature _____________________________
Print _____________________________
Date________________________