

For Office Use Only

Date Received:

Staff Initials:



# UNDERGRADUATE ORGANIZATION FUNDING/REIMBURSEMENT COVER SHEET

Payable to: \_\_\_\_\_

Organization: \_\_\_\_\_

Event Name: \_\_\_\_\_ Type: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Location: \_\_\_\_\_

Your Name: \_\_\_\_\_ Position: \_\_\_\_\_

Hofstra Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Hofstra ID #: \_\_\_\_\_

Detailed Explanation for Request: \_\_\_\_\_

Amount of Request: SGA: \$ \_\_\_\_\_ Income: \$ \_\_\_\_\_ Total: \$: \_\_\_\_\_

### CHECK OFF ALL PAPERWORK ATTACHED TO THIS FORM

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Original Receipts           | <input type="checkbox"/> Event Flier                   | <input type="checkbox"/> WebCRD           |
| <input type="checkbox"/> Check Requisition           | <input type="checkbox"/> Contract Information/Approval | <input type="checkbox"/> Work Order       |
| <input type="checkbox"/> Credit/Debit Card Statement | <input type="checkbox"/> Applicable Contract Forms     | <input type="checkbox"/> Event Management |
| <input type="checkbox"/> Invoice                     | <input type="checkbox"/> Campus Catering Forms         |   |
| <input type="checkbox"/> List of Attendees           | <input type="checkbox"/> Off-Campus Food Approval      |   |

### Office Use Only

OSLE Office Contact: \_\_\_\_\_ Date Received: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Recreation and Intramurals Contact: \_\_\_\_\_ Date Received: \_\_\_\_\_ Date Signed: \_\_\_\_\_

SGA Comptroller: \_\_\_\_\_ Date Received: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Appropriated SGA: \$ \_\_\_\_\_ Income: \$ \_\_\_\_\_

SGA Advisor: \_\_\_\_\_ Date Received: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Assistant Dean: \_\_\_\_\_ Date Received: \_\_\_\_\_ Date Signed: \_\_\_\_\_

OSLE Budgeting: \_\_\_\_\_ Date Received: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Balance after this expense: SGA: \$ \_\_\_\_\_ Income: \_\_\_\_\_

Comments: \_\_\_\_\_