

2018-2019 Center for Social Concern Annual Allocations Form

Group Name: _____

Note: Totals will be automatically calculate

Expenses/Costs	Description (please be as specific as possible)	Fall	Spring	Total	
General Operating Expenses				\$0.00	
	Fees to national organizations			\$0.00	
	On-campus general body meetings			\$0.00	
	Recruitment Expenses			\$0.00	Total
	Other			\$0.00	\$0.00
Service-Related Expenses				\$0.00	
	Transportation (including Lyft partnership)			\$0.00	
	Supplies			\$0.00	
	Equipment			\$0.00	
	Food			\$0.00	Total
	Other			\$0.00	\$0.00
Other				\$0.00	
				\$0.00	
				\$0.00	Total
				\$0.00	\$0.00
Revenue/Funding	Description	Year		Total	
	Center for Social Concern Budget Request			\$0.00	
	Other			\$0.00	
				\$0.00	
	JCash/Fundraisers			\$0.00	
	Department Grants (e.g. Alumni Association Grant, Dean of Student Life grant, etc.)			\$0.00	
	Other grants and funding			\$0.00	
			Total Expenses	\$0.00	
			Total Revenue	\$0.00	
			Net Total (should be \$0)	\$0.00	
1. By submitting this budget proposal and typing your name below, I agree to uphold the financial policies outlined in the Center for Social Concern Group Management Handbook.				Sign here: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
2. I understand that the Center for Social Concern will only reimburse student group members for items outlined in this budget proposal. CSC can and will withhold reimbursement for purchases that were not included in this budget proposal.				Sign here: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
3. I understand if additional funds are needed after this initial proposal, groups may apply for additional funding from the CSC during the Supplemental Grant opportunities, twice each semester.				Sign here: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
Financial Officer Name:					
Financial Officer Email:					
Date:					