CONTINGENCY FUND REQUEST FORM

(Please Type or Print Legibly in Ink Below)

Organization Name: _____ Date: _____
Student Representative Name: _____ Position: _____
Number of active members in club/organization: _____ Phone: _____

You must present your request the Monday following submittal. If you, or a qualified member of your organization, are not present, the request is automatically denied. Be prepared to present minutes or other valid information authorizing this request.

Quantity	Item	Cost	Total

Give reasoning for request, the specific need and significance of the surplus fund being allocated to that club.

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