

College of Pharmacy – Office of Student and Professional Affairs

Student Travel Funding Request

Organization: _____ Date Submitted: _____

Prepared by: _____ Phone: _____

Email: _____

Each organization may make one request for supplemental funding each year. Also include an accurate yearly budget, a breakdown of all costs requested, and a write up about why the funding is needed, how it will impact students, etc. The details provided by the organization will affect the Student Affairs Committee's decision-making process for award funding.

Grand total of trip:	\$
How much money will your organization contribute to this trip?	\$
Total request from OSPA	\$
Beginning account balance (Fall semester)	\$
Current account balance	\$
Total funds collected through membership this current academic year	\$
Total funds collected through fundraising efforts this current academic year	\$
Other sources of funding:	\$
Has your group requested funds from other ULM groups or departments?	[] YES [] NO
If so, how much?	\$

Please describe the purpose of this request (you must include dates of the trip, destination, hotel, and conference information. Include a conference website if available. List of students attending (or how many plan to travel and any competitions, presentations, national leadership positions held).

Describe the fundraising activities your organization has previously completed.

Describe the fundraising activities your organization still has planned:

What has your organization done to control costs this year?

What additional costs does your organization anticipate for the remainder of the year?

How many active members are in your organization? _____

Please describe why your organization is not apply for the Student Activity Enhancement Fee (SAEF) award.

List your Officers and Faculty Advisor(s)

President: _____

Phone: _____ Email: _____

Vice-President: _____ Secretary: _____

Treasurer: _____ Other Officers: _____

On-campus Advisor: _____

Phone: _____ Email: _____

Note: Request not complete unless you attach a current yearly operating budget, breakdown of requested costs, and this form.

Advisor's approval:

X _____

Signature

Date