

CSU REPRESENTATIVE FUNDING REQUEST FORM

Office of the: Vice President for Finance Skutt Student Center 110 402.280.1712 csufin@creighton.edu

Name of CSU						
Name of Committee(s) Representative:E-mail:				Phone:		
Activity/Expense:Amount Requested:				Date Expenses Incurred: Expected Activity Date (if applicable):		
• An e	purpose of the explanation of	ase submit: the requested fund the activity or each of expenses that v	expense	d		
Guidelines for	r Use of CSU		ergraduate Stu	dent Organiza	Representative Use of CSU Funds and attions in their entirety. They can be found at nance.	
for Undergrad understand the receive CSU is am also aware present at the	duate Student at violation of funds, and I he of how the preview of the	Organizations a or non-compliance nave fully disclose process works ar	apply to Repre ce with CSU F sed any fundir and all the relev- ieve my preser	sentative Fund funding Policient ag policies that trant deadlines. Ince will influer	noted above. I understand that all Guidelines ling with the exception of deadlines stated. I es will jeopardize my group's opportunity to thave already been violated by my group. I I understand that I have the option to be nee the decision. I will incur the approved	
			(Signature of	Representati	ve)	
and at least <u>5</u> Executive Co	academic sc mmittee oper	hool days prior rates on the unive	to the project ersity calendar	ed date your ex and is in rece	nt Activities Office by Monday by 5:00 PM expenses will need to be incurred. The ess during all university breaks, and during the e is not in session.	
Office Use O	nly				Request #	
Date Submitte	ed:					
Date Reviewe	ed:					
Date of Decis	sion:					
Decision:	Veto	Approved	Denied	Hold		
Approved A	mount:		_			
Additional In	formation:					

VP for Finance: _____ Date: _____