

Creighton UNIVERSITY

Division of Student Life

RESIDENCE LIFE AREA REQUEST FOR FUNDS DISCIPLINE FINE ACCOUNT

All requests for funds must be received 12 business days prior to the scheduled event.
While Alcohol Alternative Events will be given priority; all other events are welcome to apply for funding
Alcohol Alternative Events are events held on Friday/Saturday nights

Date of Request: _____ RD/Advisor's Name: _____

Name of Requesting Party: _____ RD/Advisor's Signature: _____

Name of Contact Person: _____ Telephone Number: _____

E-mail address: _____

Agency Account Name/Number: _____

Title of Event: _____

Description of the event:

Date of the Event: _____ Time of Event: _____

Location of Event: _____ Approximate Number Attending: _____

Event Budget:

Rental	_____
Food	_____
Transportation	_____
Decorations	_____
Honoraria	_____
Advertising	_____
Miscellaneous Cost	_____
TOTAL Expenses	_____

Amount Requested From Fine Account: _____

Are you receiving financing from any other individual, department, or organization including Res Life funds?
_____ Yes _____ No

If yes, from whom _____

How much? _____

____ Approved ____ Not Approved **Amount \$** _____

Approval Signature: _____