

Creighton
UNIVERSITY
Division of Student Services

**REQUEST FOR FUNDS
DISCIPLINE FINE ACCOUNT**

All requests for funds must be received 10 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: _____

Name of Requesting Party: _____

Name of Contact Person: _____ Telephone Number: _____

E-mail address: _____

Agency Account Name/Number: _____

Creighton Federal Organization Account: _____

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 ___ Yes ___ No

If yes, from whom _____

How much? _____

___ Approved ___ Not Approved **Amount \$** _____

Approval Signature: _____