# STUDENT ORGANIZATION
## ANNUAL OPERATING FUNDS REQUEST

**Name of Organization:** ________________

**Budget Preparer:** ________________  
**Phone:** ________________  
**E-Mail:** ________________

**Number of students in your organization:** ________________

**Does organization charge dues?**  
**YES NO**  
If yes, how are dues used? ________________

**Do you have an on-campus office?**  
**YES NO**  
If yes, where? ________________

**What office supplies currently exist?** ________________

<table>
<thead>
<tr>
<th>Line Item Costs</th>
<th>Cost Breakdown (attach additional information)</th>
<th>Amount Requested</th>
<th>SOFAB Recommend</th>
<th>Allocation/Underwrite</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Minor Office Supplies/Bookstore</td>
<td></td>
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<tr>
<td>2. Printing/Copies: Imprints via Plus Card</td>
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<tr>
<td>3. Other:</td>
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<tr>
<td>4. Other:</td>
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</tbody>
</table>

**Total:** ________________

**ASUCSD (Activity Fees)** will not fund any student organization that qualify to received funding, per ASUCSD Financial ByLaws; items for personal financial gain; scholarships; payment of fines; expenses that were not approved by ASUCSD prior to expenditure; any national or professional association membership dues; any event that is open to all members of the ASUCSD; the purchase of banners, decorations; awards and honors; insurance; film, video, and audio processing/purchase; services provided by any members of the club. These items will be funded by underwrite only: food; instructors, referees, or umpire fees; uniforms or club apparel; any type of permanent equipment or maintenance on equipment; newspaper advertising; any event happening off campus that does not pertain to the purpose of the organization; any event at which any entrance fee is charged. For full text, please refer to the ASUCSD Financial ByLaws.

By signing below, I declare my personal and thorough understanding of the regulations required to request funds from the ASUCSD, as well as an awareness of that which the ASUCSD will not fund. I further declare my understanding that requested funds come directly from UCSD student activity fees and should be thus utilized accordingly.

**Requester signature:** ________________  
**Date:** ________________

**SOLO Advisor Review:** ________________  
**Date:** ________________

*Signature certifies organization registration, undergraduate principal membership, good standing status.*

**ASUCSD Finance Office • Price Center, 3rd floor • 534-4451**

*ONLY ORIGINAL FORMS WILL BE ACCEPTED*