WRIGHT STATE UNIVERSITY - LAKE CAMPUS

Student Organization Fund Request Form

DEPARMENT		FUND		ORG	ACCOL	JNT	AMOUNT
				Leave the above	blocks blank.		
Name	SUGGES	TED VE	NDOR (1 form per	r vendor):	Data of Page	u och	
Address				_			vidual and name of organization)
Addre				- -	Requested b	y. (ust name of mai	viauai ana name of organization)
Attn:				_			
Ph. #				_	Event Name		
Social	Security No			_ (if personal serv	ice) Event Date:		
Item No.	Quantity	Unit		Description: catalog no., size, color, style, finish, electrical requirements, etc.		Unit Cost	Total Cost
1		each					
2							
3							
4							
5							
6							
7							
8							
9							
10							
			Shipping				
			Total Cost (W	SU is tax exempt)		
					nts Office (219 Dwye llowed by Reimburse		orm completion/submitta
Routing	σ ·						
1.	_	(Student C	Organization) for	Funds			
2. 3.	C. Phlipot C. Dorsten		Approval t/Final Approva	al	Approval:		

By requesting funds, the Student Organization acknowledges that Fund Requests must abide by the current WSU Student Organization Policies. Fund requests should be submitted to 219 Dwyer at least two-weeks prior to event to allow for sufficient processing time, or earlier if dependent on a shipment.

Approval:

4.

C. Phlipot or Student Org for Purchase