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## STUDENT GOVERNMENT ASSOCLATION BUDGET REQUEST FORM

FOR FINANCIAL MANAGER USE REQUFSTED: \$S6O
ALLOCATED $+\overrightarrow{6} 6 \theta$
APPROVED: YES or NO

Please type all proposals and submit to the SGA Office, Perkins Game Room 009E. Organization requesting funds:__Yoga and Meditation Society

Date funds are requested for: Fall/Spring Year: $\qquad$ SP 2019

Contact person name: Alicia Campbell
PSU Email $\qquad$ Phone: 6109455435
Club Advisor name: $\qquad$ Erica Pulaski

PSU Email: $\qquad$ Phone: 6103966061

Date budget submitted: $\qquad$


Clab President Sianed Name


Advisor Siqned Name

## STEPS FOR BUDGET REOUEST

1. On the next page, copy and paste a table for each program your club is hosting or attending. An itemization table for each of the items needed is under the program table. Please add additional tows to the item table for events requing multiple items. Note** gas is calculated at 53.5 cents per mile.
2. Explain the nature of the program/activity? How wil students and/or the campus as a whole benent by the funding of this proposal? How will the program/activity be advertised to all students? Who is the targeted audience? Please be as specific as possible.
3. Provide an invoice whenever possible in order to justify costs. For example, if your club needs a bus, provide an invoice from the bus company to support the request.

Financial Manager Notes:


## Please add more tables or rows as needed.

| Program Name: | Yoga Instruction | Program Description: <br> Providing Yoga instruction from a certified instructor to all students as a form of relaxation. <br> Note: This amount was initially requested to be removed from YaMS Fundraised Money before announcement of increased SAF money. That request is to be rescinded, and this is in place. See VAMS 2019 Spring Redistribution. |
| :---: | :---: | :---: |
| Program Location: | Dance Studio |  |
| Anticipated Number of Attendees: | 30 |  |
| Total Funds Requested for Program: | \$560 |  |
| Is this program open to the campus? | Yes |  |

Please list the materials, prices, and item location for the requested event amount below:

| Item Name | Unit Price | Quantity | Item Total | Location |
| :--- | :--- | :--- | :--- | :--- |
| Yoga Lestructor | 840 | 14 | 560 | Dance Studio |
|  |  |  |  |  |


| Program Name: |  | Program Description: |
| :---: | :---: | :---: |
| Program Location: |  |  |
| Anticipated Number of Attendees: |  |  |
| Total Funds Requested for Program: |  |  |
| is this program open to the campus? |  |  |

please list the materiats, prices, and item location for the requested event amount below:

| Item Name | Unit Price | Quantity | Hem Total | Location |
| :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |
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