



Office of The

Tufts Community Union Treasury

SUPPLEMENTARY FUNDING REQUEST

FOR TREASURY USE ONLY

Received (Date):

Presentation Date:

Presentation Time:

This form is to be used by TCU-funded groups requesting additional funding to cover unforeseen expenses, speakers, and events. This form must be accompanied by a typewritten, itemized description of what is being requested, which must include ALL corresponding costs.

I hereby submit this proposal for Supplementary Funding to the Allocations Board. I understand that proposals are granted on the basis of need and the availability of resources. This proposal has been submitted at least forty-eight (48) hours prior to the next Allocations Board meeting. I understand that if I am not satisfied with the decision approved by ALBO, I have the right to appeal that decision to the full Senate on the Sunday following the ALBO decision; I further understand that I may not appeal at any later date.

Type of Request:

Unforeseen Expense: Speaker: Event: Collaborative Event:

Organization(s): _____ Dept ID#: A901_____ Date: _____

Signatory (Please Print): _____ Position in organization: _____

Phone #: (_____) - _____ - _____ E-Mail: _____

This year's initial budget: \$ _____ Amount remaining: \$ _____

General description of request: _____

Total amount requested: \$ _____

What will be done if funding is not granted by the TCU Senate?

What other sources of funding have you sought for these expenses?

Has the organization been granted Supplementary Funding at any other time this semester?

Yes: Amount: \$ _____ Date: _____ Type: _____ **No:**

Signature of Officer Submitting Proposal: _____

DO NOT WRITE BELOW THIS LINE

ALBO Recommendation

Date: _____
Approved: Amount: \$ _____

Vote: ___/___/___

Full Senate Approval

Date: _____
Approved Amount: \$ _____ Vote: ___/___/___

Rejected: Reason: _____
Tabled: _____
Group Contacted: _____

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Tabled: _____
Group Contacted: _____