

**Undergraduate Student Government
Arizona State University - West
Club Start Up Funds (CSUF) Packet**



Received by USG-West Office: _____ Time: _____ Date: _____ Initials: _____

Student Organization: _____
Location of Club: _____
Club Contact: _____
ASU Email Address: _____
Contact Phone Number: _____
Bill Type: _____
Number of Student Organization Members: _____
Amount Reuquested: _____

----- The following information on this page is filled out by USG -----

For Committee on Appropriations use only
Committee Approval on:
Committee Disapproval on:

For Senate use only
Approved by Senate on:
Disapproved by Senate on:

Committee on Appropriations Chair

*Required Signature

President of the Senate

*Required Signature

USG (West) Presidential Approval

*Required Signature

USG (West) Presidential Veto

Student Engagement Signature

A Student Engagement signature only indicates that the club/organization is in good standing

Date

Educational Outreach & Student Services Signature

An EOSS signature only indicates that the expense is allowable under ASU Policy

Date

Student Organizations must be registered through the Office of Student Engagement at ASU West to receive funds. USG signatures only indicate that there are sufficient funds to cover the amount of the purchase. It does not guarantee that the purchase is allowable under University policy and will be honored.

**Undergraduate Student Government
Arizona State University - West
Event Description & Checklist**



Organization Description (Provide a description of your organization)

Start up Fund Purpose (Provide a Public Purpose of your CSUF's)

Please initial next to the item once complete. If not applicable, write N/A.

- _____ I have read the USG funding guidelines
 - _____ I have met with a Senator from USG West (The Bill Sponsor)
 - _____ I have attached a Bill Face completed by my Sponsor
 - _____ I submitted my [Green Event Program \(GEP\)](#) form to ASU Sustainability Practices
- Form submitted on: _____

Helpful Links and Downloads

- [Additional EOSS Form](#)
- [Business Meals Form \(BMF\)](#)
- [Room/Table Reservation](#)
- [Senate Report Card \(SRC\)](#)
- [USG \(West\) Bylaws](#)
- [USG Constitution](#)
- [Assessment & Evaluation Form](#)

By signing below I confirm that all the tasks stated above have been completed for this event funding packet and can be submitted to my senate sponsor for verification.

As the senate sponsor, I confirm that I have verified all tasks above have been completed and this packet can be submitted to the Committee on Appropriations.

Requestors Signature: _____

Date: _____

Senate Sponsor Signature: _____

Date: _____

**Undergraduate Student Government
Arizona State University - West
Budget Sheet**



	<u>Item/Description</u>	<u>Vendor</u>	<u>Qty</u>	<u>Price</u>	<u>Subtotal</u>	<u>Tax</u>	<u>Total</u>
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
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26							
27							
28							
29							

Every vendor used must have an EOSS Expenditure Request Form attached!

Any Vendor Request over \$1,000.00 must have a Expenditure (Over \$1,000.00) Form attached!

Please initial once the below items have been completed

_____ I have accounted for all necessary taxes

_____ I have accounted for all necessary shipping costs

Total Funding Requested:

Date Needed:

AGENCY ORG:

Account Type: **Local Account**

Name of Vendor		Total Amount (Including Tax/Shipping)	
Street Address		City, State, Zip Code	
Purpose	Recruitment Retention	Academic Services Leadership Development	Engagement Other
Description of items Purchased		Public Purpose	
Name of Requestor		Contact Number	
Name of Organization			
Event Information (For Events Only)	Event Title: Event Location:		Event Time: Event Date:
Please attach the appropriate documentation * Quote/Receipt/Invoice Must Be Attached <small>Please check with your financial employee for clarification of supporting documentation</small>			
Quote/Receipt/Invoice* <small>(Original/Copy)</small>	Delegation Form <small>(If Purchasing Card is Used)</small>	Flyer <small>(Marketing Sample)</small>	Custom Graphic <small>(Custom Graphics)</small>
Food Purchase	Business Meals Form (BMF)	Attendance List	Food Waiver (Non Aramark Vendor)
On-Site Vendor	Insurance Forms	DPSO Form	Contract
Travel Occurring	Travel Form	Mileage Reimbursement Form	
Type of Payment		Processing Information	
Purchasing Card Purchase Order (PO) Other: _____		Payment Voucher (PV) SunRise Order Vendor: _____ Object Code: _____ Sub-Object Code: _____	
Does Expenditure Exceed \$1,000.00		Does Expenditure Exceed \$5,000.00	
<div style="text-align: center;">_____ Dean's Signature</div> <div style="text-align: center;">_____ Date</div>		<div style="text-align: center;">_____ VP's Office Signature</div> <div style="text-align: center;">_____ Date</div>	

This has already been:

Ordered

Purchased

Received

Date: _____

Initials: _____