Request for SGA Allocation (Reimbursement)

Please fill form out completely.

Name of Organization___________________________________________________________

Faculty Advisor______________________ Phone_________________

Requestor Name_____________________ Phone_________________

Amount requested (not to exceed $400.00) $___________

Date of Event _______________________________

Beginning and ending date of event _________________________________

I have read and understand the rules regarding the allocation of funds as determined by the SGA Code of Laws. I understand that if awarded allocations, the check must be obtained within 10 business days of being notified by the VPOA. I further understand that we must return all receipts prior to receiving the allocation, and I take responsibility for the repayment of the difference and/or total amount in the event that we do not comply with all rules as set forth.

__________________________________________      ___________________________
Applicant’s signature                        Please print name clearly

__________________________________________      ___________________________
Advisor’s signature                          Please print name clearly

For office use

Amount recommending to Senate $____________

__________________________              _______________________
Signature of VPOA                        Date

__________________________              _______________________
Signature of SGA Advisor                  Date
**Question and Answer Form for University Allocations**

**Organization:** ____________________________

1. **GIVE A BRIEF HISTORY OF THE ORGANIZATION.**
   
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

2. **HOW MANY MEMBERS DOES YOUR ORGANIZATION HAVE? DO YOU PAY DUES? IF SO, HOW MUCH?**
   
   __________________________________________________________

3. **WHAT WILL THE ALLOCATION BE USED FOR?**
   
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

4. **WHAT FUNDRAISER(S) HAVE YOU COMPLETED?**
   
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

5. **HOW MUCH MONEY DID YOU RAISE?**
   
   __________________________________________________________

6. **HAVE YOU ATTENDED THE ORGANIZATIONAL COUNCIL MEETINGS?**
   
   __________________________________________________________

7. **WHY DO YOU THINK YOU SHOULD RECEIVE THE ALLOCATION?**
   
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
Allocations (Reimbursement) Requirements

601.5 In order for a University recognized organization to be eligible for allocations from the S.G.A., they must:

1. Attend at least one Organizational Council meeting in the semester in which the organization is requesting funding.

2. Complete and submit a W-9 form with the employer identification number to the Student Government Association Vice President of Organizational Affairs.

3. Complete a fund-raiser at least ten business days before allocations request is made and submit it to the Office of Student Life. Complete is defined as attempting a fundraiser and making any profit.

4. Complete and return "Request for Allocations Form" to the Office of Student Life. Also, include all receipts to complete the reimbursement process. The form and receipts will be submitted to the Vice President of Organizational Affairs, who shall attach a written record of the organization's attendance to the form before submitting it to the Allocations Committee.

5. Have a Faculty Advisor. If applicable, the Faculty Advisor will pick-up the allocation check from the Office of Student Life.

6. Attend the scheduled meeting with the Allocations Committee and the Student Senate to answer questions pertaining to the need of requested funds.

7. Continue to maintain a presence in the Organizational Affairs Council after receiving Allocations in order to remain eligible the following year. Extenuating circumstances shall be decided by the Vice President of Student Senate. A maintained presence is defined as the regular and orderly attendance of Organizational Council meetings and events.

601.6 University recognized organizations that receive an allocation from the S.G.A. and do not comply with all regulations set forth in 601.5 and 601.6 will be ineligible to receive further allocations for one complete academic year.

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Allocation Agreement Statement
I, ________________, (President) of ______________________ have read, understand, and agree to the Jacksonville State University SGA Code of Laws. I further understand that it is the responsibility of the aforementioned organization to return all receipts 5 business days before the allocation can be received. Failure to comply will result in the revocation of allocations for the next academic year. I am also aware that money allocated is exempt from taxes within the state of Alabama. It is to my understanding that ALL PURCHASES made with allocated funds should total the given reimbursement BEFORE TAXES.

Signature: __________________________  Date: ______________

Advisors Signature: __________________________

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Signature of VPOA      Date

Signature of SGA Advisor  Date