**COLLEGE OF BUSINESS ADMINISTRATION**

**STUDENT EVENT FUNDING REQUEST**

Date of Request:

Organization Name:

Contact Person and Email:

Amount of Request:

Student Names and Sam IDs:

Purpose of Event (include event dates):

Amount from other sources:

Estimated Budget:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Item | Item Description | Count | Cost | Extended Cost | Source of funds |
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**Submit Event Funding Request (by email, mail, or deliver):**

**College of Business Administration**

**Smith-Hutson Building Suite 100**

**Dr. Shani Robinson, Associate Dean**

**SHSU Box 2056**

**Huntsville, TX 77341**

**snr001@shsu.edu**