

**Minimum Qualifications for Funding Consideration:**

- ☐ I must complete the Funding Application Form, which includes:
  - a.) *Event Information Form*
  - b.) *Line Item Budget*
  - c.) *Individual Expense Descriptions*
  - d.) *Post-Event Form (separate form to be completed within 1 week after event)*
- ☐ The event I am proposing is open to the entire engineering undergraduate student body and not just my organization.
- ☐ I understand that the amount of funding is left to the discretion of the Funding Board.
- ☐ I must submit the completed Funding Application (4 pages) on time. Submission dates can be found on the Viterbi Student Council Funding Board Calendar.
- ☐ If my event is cancelled, I will e-mail the Funding Board immediately and it is my responsibility to contact all vendors and cancel any placed orders.

PLEASE NOTE: If the event is co-sponsored by multiple organizations, only one application is required.

I have read the above qualifications, and agree to abide by the Viterbi Undergraduate Student Activity Fee Funding Policies and Bylaws.

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Signature: \_\_\_\_\_



## Event Information Form

Organization Name: \_\_\_\_\_

Co-Sponsor: \_\_\_\_\_  
(if applicable)

### CONTACT INFORMATION

**President:** \_\_\_\_\_

E-MAIL: \_\_\_\_\_

**Treasurer:** \_\_\_\_\_

E-MAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_

USC ID#: \_\_\_\_\_

Event Title: \_\_\_\_\_

Description: \_\_\_\_\_

DATE	START TIME	END TIME
LOCATION	EXPECTED ATTENDANCE	

Total Cost:

Amount pending or received  
from other funding sources:

**AMOUNT REQUESTED:**

[illegible]

**Individual Expense Descriptions Form**

Type of Expenditure: \_\_\_\_\_

**Vendor Info:**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Phone: \_\_\_\_\_

USC VENDOR ID NUMBER: \_\_\_\_\_ FED. TAX ID: \_\_\_\_\_

Cost of Expenditure: \_\_\_\_\_

Type of Expenditure: \_\_\_\_\_

**Vendor Info:**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Phone: \_\_\_\_\_

USC VENDOR ID NUMBER: \_\_\_\_\_ FED. TAX ID: \_\_\_\_\_

Cost of Expenditure: \_\_\_\_\_

Type of Expenditure: \_\_\_\_\_

**Vendor Info:**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Phone: \_\_\_\_\_

USC VENDOR ID NUMBER: \_\_\_\_\_ FED. TAX ID: \_\_\_\_\_

Cost of Expenditure: \_\_\_\_\_

***Please attach official quotes and/or invoices for each vendor.***