



Aramark Funding Request

Name of Organization: _____

Total Amount Requested (Maximum \$500): _____

Name of Event: _____

Date of Event: _____

Please note: SGA cannot fund past expenditures

Expected Attendance: _____

Description of Event: _____

< You Must Include an Itemized Budget >
Obtain Prices from the Aramark EKV Student Catering Guide

Date Submitted: _____

Contact Person: _____

Contact E-Mail: _____

Contact Phone: _____

Sponsoring
Senator Signature: _____

Faculty Advisor: _____

<p style="text-align: center;">Office Use only</p> <p><input type="checkbox"/> Passed</p> <p><input type="checkbox"/> Failed</p> <p>Date: _____</p> <p><input type="checkbox"/> Forwarded to Aramark</p> <p>Date: _____</p>

Questions: Please Contact the Appropriations Chair or the Executive Vice President
(859).622.1724