

Student Government Co-Sponsorship Form

*Fields in gray are for office use only

Name of Event:							
Date(s) and Time(s) of Event:							
Total Non-SAF Funding Received:	\$	_					
Total SAF Funding Received:	\$	_					
Other expected sources of funding (use separate sheet if needed):							
Marketing Methods and Costs (use sepa							
Expected Attendance:							
FSU Student Attendance+ N	on-FSU Student Attendance	= Total					
Ticket Prices: Student:	Non-Student:	_					
Expected Ticket Proceeds (if applicable	e): \$						
Total Event Budget:	\$						

^{*}Please include a typed description of the event on a separate sheet. Please include attendance numbers from prior years (if applicable) and any other important details.

Expense Categories (please attach a breakdown of any expenses not explained above)	Event Totals	Other Funding	Requested Amount	Recommended Amount (For office use only)	Allocated (For office use only)	
Printing						
Food						
Equipment Purchases (includes shipping)						
Equipment Rental						
Advertising						
Registration/Conf. Fees						
Personal Service Fee						
Rental (Building, hotel, etc.)						
Transportation (airfare, vehicle expenses)						
Other Expenses						
Column Total						
Besides Funding, what can Student Government do to help with this event? Student Contact: Date:						
Position:			RSO:			
Contact Phone:			_Contact Em	ail:		
<u>Signatures:</u>						
Date Received						
	Date			Recommer	nded?	
Received by Treasurer	Date		Signature	Yes/No)	
Received by President	Date		Signature	Yes/No ature		