



**Student Activity Fee Request**

1. Registered Student Organization (RSO)/Department Name: \_\_\_\_\_
2. College: \_\_\_\_\_
3. Number of active students in your organization: \_\_\_\_\_
4. Has the member roster been submitted? (If not, please submit with this request.)
5. Have the requestor & responsible parties for this request completed the Risk Management training as required by Texas Education Code §51.9361 & LSC Policy?      Yes                  No  
(If not, please complete the required training before submitting this request.)
6. Does your RSO/Department receive funds from other sources?      Yes                  No  
 If yes, how much money do you anticipate receiving? \_\_\_\_\_
7. Please check all that apply:  
 Annual allocation request                  Event                  Service Project                  Travel  
 Other: \_\_\_\_\_
8. How will this funding benefit your RSO/Department and the student body as a whole:

**Request Summary**

**Note: Totals below should equal the amounts listed on page 2.**

Expense	Explanation of Expense	Amount Requested	Amount Approved
7100 Contracted Services	Use for hiring entertainers, speakers, etc.		
7200 Travel	Use for travel expenses to conferences or meetings		
7300 Supplies & Food	Use for supplies for meetings & activities		
7400 Official Functions	Use for printing and promotions (brochures, tshirts)		
<b>Total Expenses</b>			
<b>Total Revenue</b>	Fundraisers, membership fees, grants, sponsorships, etc.		
<b>Total Amount Requested</b>	<b>Subtract Revenue from Expenses and enter total</b>		



**Request Detail**

List expense below for the upcoming year.

\* Fields are required.

- Expense type – Select (1) contracted services, (2) travel, (3) supplies & food, (4) official functions, printing & promotions
- Travel – Any travel expenses should include destination and mode of travel (personal vehicles, bus, rental car, plane)

Event Date *	Expense Type*	Expense Information* (details required)	Number of Attendees	Dollar Amount*
<b>Total Request</b>				

Person completing this form (student): \_\_\_\_\_ Student ID: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

\_\_\_\_\_  
Club Member/Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Advisor/ Dept Representative Signature

\_\_\_\_\_  
Date

The following is to be completed by the Office of Student Life:

Submitted to Student Life on (date): \_\_\_\_\_ Budget Amount Approved: \_\_\_\_\_

Signature of Student Life Recipient: \_\_\_\_\_