

## Senate Overflow Request

Reason for Request: \_\_\_\_\_

Organization Name: _____	Officer Name: _____
Official SF Student Email: _____	@go.sfcollege.edu Contact Phone: _____

Name of Event: _____	Event Location: _____
Date/Time of Event or Travel: _____	

Does this organization have a Fund 2 budget? Yes  No  If yes, current balance: \$ \_\_\_\_\_

Amount from Fund 2 budget that will be used for this request: \$ \_\_\_\_\_

Does this organization have a Fund 6 account? Yes  No  If yes, current balance: \$ \_\_\_\_\_

Amount from Fund 6 account that will be used for this request: \$ \_\_\_\_\_

Description of Items	Quantity	Unit Cost	Total Cost
<b>If additional space is needed, please complete an additional Senate Overflow Request.</b>	<b>Grand Total:</b>		

\*\*Please read the following terms and agree to them by checking the boxes below\*\*

I understand this form must be submitted to the S-Building lobby front desk at least **30 business days** before funds are needed.

I understand it is the responsibility of the officer named on this form to respond to emails from SG officials. Failure to respond will delay the processing of this request.

I understand students are required to use their official SF email address when communicating with the college.

I understand that submission of this form **does not** constitute an approval of the request and/or event.

Organization Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor Email (please print): \_\_\_\_\_

If you have any questions, contact the Student Body Treasurer at [sgtreasurer@sfcollege.edu](mailto:sgtreasurer@sfcollege.edu) or 352-381-3781

For SG Treasurer Use Only		
Student Body Treasurer:	Date Received:	Date Approved:

Overflow Request Approved? Yes      No	Overflow Request Amended? Yes      No	Amended Amount:	
Student Senate President:	Date Approved:	Student Senate Pro-Tempore:	Date Approved: