

Organization Request for Contingency Funds
Please submit typed form by deadline.

Date of request		Organization/Club Name	
President Name		Phone Number	MyMDC E-mail
Treasurer Name		Phone Number	MyMDC E-mail
Type of Event (circle one)	a. Educational b. Social/entertainment	c. Cultural d. Intellectual	e. Governance f. Recreational
Event Name		Event Day and Date	
Event Time		Location	
Account Balance		Total Amount Requested	
Will the organization be submitting a Travel Packet in the next 3 months a. Yes b. No			
How much is the estimated cost of the trip: _____			
Community Service Hours Completed		Student Life Department Volunteer Hours Completed	

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Item Description	Quantity	Unit Cost	Total Cost	Amount Approved

* Use separate sheet for additional items.

President's Signature	Date
Treasurer's Signature	Date
Advisor's Signature	Date

For Office Use Only

<p>Contingency Funds Committee: Recommended: \$ _____ (<i>amount</i>) Denied: _____ Comments: _____ _____</p> <p>Committee Signatures: _____</p>
