

INITIAL DEPOSIT REQUEST

1. Fill out this form on the computer.
2. Save the form and upload to tinyurl.com/ceasarisu

DATE OF APPLICATION: _____

ORGANIZATION: _____

INDEX CODE: CLB _____

CONTACT PERSON #1: _____ PHONE: _____

CONTACT PERSON #2: _____ PHONE: _____

ADVISOR(S): _____ PHONE: _____

TOTAL BEING REQUESTED:
(AMOUNT TO BE DETERMINED BY ASISU. MAX \$500) _____

JUSTIFY YOUR REQUEST:

ITEMIZE ANY ANTICIPATED INCOME AND THE AMOUNT YOU HOPE TO GENERATE NEXT YEAR:

FUNDRAISING EVENT	AMOUNT
TOTAL	

FOR ASISU USE ONLY:

Finance Officer: _____	Date: _____
Senate Approval: _____	Date: _____
Financial Technician: _____	Date: _____

After the Finance Committee reviews your request a recommendation will be sent to Senate for approval.
If you have any questions, email asisufin@isu.edu.