## **INITIAL DEPOSIT REQUEST**

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

DATE OF APPLICATION:

ORGANIZATION:

INDEX CODE:

CONTACT PERSON #1:

PHONE:

PHONE:

CONTACT PERSON #2: PHONE: PHONE:

TOTAL AMOUNT OF FUNDS BEING REQUESTED (MAX \$500.00):

JUSTIFY YOUR REQUEST:

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

FUNDRAISING EVENT AMOUNT

AMOUNT

## FOR ASISU USE ONLY:

**TOTAL** 

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		

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If you have any questions, email asisufin@isu.edu.