

Contingency Funding Form

Due to SGA at least 10 days prior to an event / 3 weeks prior to travel

Organization Name: _____

Contact Name: _____ Contact Email: _____

Student Organization Officer Signature: _____

Date of Event/Travel: _____

Purpose/Description of Event/Travel/Expense Request:

Benefit to TTU and your organization:

Other funding for this expense: _____

Amount requested from SGA: _____

Please feel free to attach additional information

SGA Office Use Only

Approved or Denied

Amount approved: _____

Student Government Association President

Date

Date Received by SGA: