

# APPROVAL FOR

## Contingency Funding Form

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

Current Date: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Date of Event/Travel: \_\_\_\_\_

Purpose/Description of Event/Travel/Expense Request:

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Benefit to TTU and your organization:

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Other funding for this expense: \_\_\_\_\_

Amount requested from SGA: \_\_\_\_\_

Organization President's Signature: \_\_\_\_\_

Organization Advisor's Signature: \_\_\_\_\_

*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: