SRSGA INC.
Slippery Rock Student Government Association, Inc.

Office of Cooperative Activities
C-214 University Union
724.738.2103

NEW INITIATIVE REQUEST

Please fill out attached budget and expenditure forms.

Organization: _____

Number of Members: _____

Co-Sponsoring Organizations (if applicable):

_____

_____

Please describe your New Initiative:

_____

_____

_____

_____

Why does your group believe this event will be successful:

_____

_____

_____

_____

Has your group presented this particular activity before: (Circle One) Yes No

Amount of money requested: $_____

_____ _____

Submitter (Print) Date Submitter (Sign)

_____ _____

Advisor(Print) Date Advisor (Sign)

Office Use Only Approved: (Circle One) Yes No Initials: _____

Organizational Name:				
	# Expenditures Summary			
	This Sheet Is the Total of All Events By Line Item			

Line Item	Line Item Name	Amount Requested	COOP USE ONLY	Amount Approved
	Event 1			
	Event 2	$ -		
	Event 3	$ -		
	Event 4	$ -		
	Total from Events:			
	GRAND TOTAL:			
Total should equal amount requested form each sheet attached.				