| Associated Students | | For Office Use Only Request #: 4 | |
|-----------------------|--|-------------------------------------|---------|
| Q | Non-Board of Trustee Item Request Note: All request must be submitted 6 weeks prior to event date Submit to Student Life Office and email to <u>Ihennings@mtsac.edu</u> . Upon | Date Received: Agenda | 2126 |
| I. Type of Appropria | Date: Amount Requested per item | | |
| □ Catering: (ex. So | odexo, off-campus restaurants and caterers) | _\$ | |
| Conference & T | ravel: (ex. Registration, transportation, lodging, meal allowance) | \$ | 6935.00 |
| □ Food Supplies: | (ex. Pre-packaged food items like chips and candy, etc.) | \$ | |
| □ Supplies: (ex. St | Supplies: (ex. Streamers, paper cups, plastic utensils, decorations, etc.) | | |
| If you are requesting | funding for an Independent Contractor or Contract, you will require the | Roard of Tri | istees |

If you are requesting funding for an Independent Contractor or Contract, you will require the Board of Trustees approval. You must complete a separate "Request for Appropriation of Funding Board of Trustee Item Request."

| | TOTAL AMOUNT REQUESTED: \$ 6935 |
|--|---------------------------------|
| II. Additional Sources of Funding | 7135 |
| Are you considering other sources of funding? (Circle one) (Yes) | |
| If so, please indicate the Source: Rundrassny | Amount: \$? |
| III. Event Information | |
| Recognized Student Club/ Organization (RSCO) or Department: | Wrestling Club |
| Name of Event: | |
| 25 Live Reservation Reference Code: | |
| Event Location: | |
| Event Date: | |
| Event Start to End Time: | |

NOTE: Associated Students has the purview of requiring certain events to prove all participants to have paid their current Student Activities Fee. Fees are subject to electronic verification, via the Associated Students website.

IV. Additional Information Required

Purpose of Event: A.S. seeks to enhance the student experience through activities fulfilling one of the following five priorities, please select one priority area(s) your event fulfills.

- Co-curricular engagement
- □ Leadership development
- Retention & transfer
- □ Recognition of service
- □ Civic engagement and advocacy

Please describe how your event fulfills the selected A.S. Priority area and provide a detailed Budget breakdown for the amount requested by including quotes, conference webpages, etc.

V. Funding Conditions

All groups requesting Associated Students funding are hereby notified that the event advisor (or designee) is responsible for processing all banner requisitions with approved vendors. **NOTE: Additional Fiscal Services forms, guidelines, and procedures may be required.** All event marketing, written and oral, must acknowledge Associated Students as a sponsor and include the Associated Students logo on all materials.

This form must be completely filled out, with signatures below, and submitted to the A.S. Administrative Specialist III at least 6 weeks prior to the event date to be considered for funding. For specific questions, please contact the Student Life Office at x4525 or email <u>lhennings@mtsac.edu</u>.

| A. Club Advisor / | Employee Submitti | ng Request Form | - | ee Processin rent from per | g Banner Requisition(s) rson A. | | | |
|---|-------------------|----------------------------------|-------------------|-------------------------------|------------------------------------|--|--|--|
| Print: Dav Sign: | 101 Rivera | 6-915-70 | Print | | | | | |
| Date: 2/2/22 Ext/Phone: 4709 | | | Date: | Ext/Phone: | | | | |
| | 12 Q.MTSAC | EDU | Email: | | | | | |
| For Office Use Onl | | the House of the | | a line in | | | | |
| Co-Sponsor (Motion): Gavin Org Co-Sponsor (Second): Anta | | | The second second | the second | Date: 31177 | | | |
| Co-Sponsor (Second): An Ha Date: 31,122 | | | | | | | | |
| A.S. Senate | | | | | | | | |
| For: | Against: | 0 | Abstain: | Jug | Date: 3/1/22 | | | |
| A.S. Executive Board | | | | | | | | |
| For: Undhagainst: 0() 5 | | Abstain: | | Date: 3(1/22 | | | | |
| A.S. President | | | | | | | | |
| Ø ['] Approve | O Veto | Signature: Valecci ofablui Menna | | Date: 3/8/22 | | | | |
| Notification of Appropriation | Date: | Requisition #: | | PO #: | | | | |
| C & T Form: | Date: | T#: | | | | | | |
| Check Requests: | \$ | Purpose: | \$ | | Purpose: | | | |
| -t-the top were | \$ | Purpose: | \$ | No. | Purpose: | | | |

Conference and Travel:

Open and USA Wrestling Tournament Fees: \$2,100

- (In total for 15 women)

Transportation Fees: \$560

- (for 4 events)

Referees: \$750

- (For 3 events, \$250 each)

Hotel Rooms: \$2,400

- (\$150 per room, 8 rooms, 2 nights)

Food Supplies/Budget: \$1,125

- (25 per person, x15 women, per 3 events, \$375 per event)

Total: \$6935