Funding Request Form

To be completed by University of Louisville Nursing Students and Nursing Class Representatives requesting funds from the Nursing Student Council to assist with travel, class events, or participation in scholarly and professional meetings or programs.

General Information

Request Date:	Phone:	Email:
Requestor Name and Address:	Class: ☐ N340 ☐ N350 ☐ N440 ☐ N450 ☐ Accelerated If more than one option is selected, please state reason for dual request:	

Reason for funding request (please be detailed, and state how this request will benefit the Nursing Student Body):

_____

_____

_____

Please check ONE:

☐ Travel Request ☐ Support for on-campus/off-campus program/event

Funding Request

Amount requested from the Nursing Student Council: $_____

Are there other sources of funding (If yes, please list other sources)? _____

IMPORTANT NOTICE: By signing and submitting this form you agree that the requested funds will be used for the purposes stated in this form. For all funds received from the Nursing Student Council, receipts will be required within 5 business days of the end of the event.

Requestor Signature: _____ Date: _____

Nursing Student Council Executive Board Use Only

Date Reviewed: _____ Budget funds available? ☐ Yes ☐ No

Was the Request Approved or Denied? ☐ Approved ☐ Denied

If request was approved - Approval amount: _____

If request was denied, state reason for denial: _____

_____

_____

Nursing Student Council Executive Board Approval Date: _____

Required Signatures: _____ (President) _____ (Treasurer)

Decision communicated to requestor on: _____ via ☐ email ☐ phone ☐ other

Funds transfer to requestor on: _____ OR Expense reports/paperwork to A/P on: _____

Method of Payment: ☐ Check ☐ Procurement Card ☐ Other: _____