Logo, company name

Description automatically generated

***(\*) Please complete and submit the form to Vice President Administration at*** [***su\_vpadmin@stu.ca***](mailto:su_vpadmin@stu.ca)***.***

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| --- | --- | --- |
| **Name:** | | |
| **Email:** | **Course/Event:** | |
| **E-Transfer:** | **Date:** | |
| **Amount requested:** | **Overall cost:** | |
| **Please describe the reason you seek funding:** | | |
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| **Please describe any other sources of funding, including fundraising and funding from the university or departments within it:** | | |
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| **Please specify the time, date, and location of this event:** | | |
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| **Is there anything else that you would like the committee to know about this project?** | | |
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| **Please use this space to provide us with a break-down of your expected costs. Try to be as specific as possible.** | | |
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| **Total:** | |  |
| **Per: Vice President Administration** | | **Approved/ Denied** |