Bill

Requestor:	
Requesting Organization:	
Contact Information:	
Council Sponsor:	

Funding Request Application
Associated Graduated Students
University of California, Irvine

General Program Information

Program/Event Name:_____

Description of Program:	Location: _____ Date:_____ Time:_____

Merit Evaluation

Target Audience			AGS Previous Funding		Other Funding	
	Attendance	Funding for	Yes	No	Yes	No
Graduate Students:	_____	_____	Date: _____	Amount: _____	Source _____	Amount: _____
Undergraduates:	_____	_____	_____	_____	_____	_____
Admin/Faculty/Staff:	____	____	_____	_____	_____	_____
					_____	_____
					_____	_____
Other: _____					_____	_____

Planned Methods of Advertisement:

Request and Budget

AGS Funds Requested: _____	Itemized Budget	
Totals Other Funding: _____ Expected Costs: _____ Outstanding: _____	Items w/ Description and Quantity	Cost
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____

Additional or extended information may be attached on a subsequent page with proper headings

AGS Requirements For All Funding Recipients
1. Display the AGS Logo on advertisements and at event.
2. Save your receipts so AGS can reimburse you. Contact vpfinance@ags.uci.edu for more information.
3. If distributing prizes that AGS is paying for, have the recipients sign a receipt to give to AGS.
4. Provide photographs, testimonies, fliers, etc. (if possible) from your program/event to be used for name recognition purposes by AGS