REGISTERED STUDENT ORGANIZATION FUNDING REQUEST

Name of Group ___________________________________________ Date ______________________
Contact Person __________________________________________ Telephone __________________
Contact Person’s Position with Group _________________________
Contact Person’s OU E-Mail Address ___________________________

Briefly describe and state the title of the event, program or item for which you are requesting funding:
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Date of Event or Program __________________________________________ Site of Event or Program
_________________________________________________________________________________
Who will be served by the event/program/item? ________________________________
_________________________________________________________________________________
How many OU students will participate in this program? _____________________________

What is the total anticipated attendance? _________________________________________
Are tickets sold to this event or an admission charged? ☐ Yes ☐ No
If yes, how much? $ __________________________
If income exceeds expenses for this event, what will you do with the profit? ________________

Total Cost of Event/Program/Item $ __________________ (A detailed budget must be attached)

Amount of Funding Request
Is group funded by UOSA? If so, what is your total allocation this year? 
If your group has a checking account, what is the balance in the account?
Have you sought funding for this event/program/item from other sources? ☐ Yes ☐ No
    If yes, from whom and how much have you requested/received?
        ____________________________________________________________________________
        ____________________________________________________________________________
        ____________________________________________________________________________
        ____________________________________________________________________________

☐ Does the budget include expenditures for food? ☐ Yes ☐ No
If yes, please identify who will provide the food: _________________________________
If the food vendor is other than OU’s Housing and Food Services, was Housing and Food Services contacted and given
an opportunity to bid on the food?
☐ Yes - Please provide the name of the contact person at Housing and Food Services, attach the bid provided by
OU’s Housing and Food Services and explain why OU Housing and Food Services was not the selected food vendor:
_________________________________________________________________________________

☐ No - You must contact OU’s Housing and Food Services and give them an opportunity to bid on
the food service. You may resubmit this request once you provide that information.

(Continues on Page 2)
Please include any other information that will be helpful as we consider your request (include flyer or other information if available): ____________________________________________

_______________________________________________________________________________________________

University Department Financial Number (not UOSA) ____________________________

Student Affairs is only able to consider sponsorship to registered student organizations providing University of Oklahoma department financial numbers.

Account Adviser’s Name ____________________________________________________________

Account Adviser’s Signature ________________________________________________________

Account Adviser’s Address __________________________________________________________________________

Account Adviser’s Phone _______________________________________________________________

Please allow two weeks for processing. You will be notified by e-mail or telephone of the decision.

Revised 06/13