

Name of RSO _____
Title of Request _____

VERIFICATION FORM

RSO EVENT / TRAVEL OPPORTUNITY FUND
REQUEST FOR FUNDING- FY 10

Budget Request for Fiscal Year FY 10- Beginning July 1, 2009

WITH OUR SIGNATURES WHICH FOLLOW, WE ACKNOWLEDGE OUR FAMILIARITY WITH THE PROVISIONS OF THE FUND GUIDELINES DATED 9/12/07 AND AGREE TO COMPLY WITH ALL ITS ITEMS, PARTICULARLY THOSE CONCERNING THE EXPENDITURE OF FUNDS.

Highlighted Excluded Expenditures:

Organizations allocated fees through the RSO Student Fee Fund process may **not** request or provide:

- financial support for political program, parties, individual political candidates, or direct lobbying efforts
- support and/or contributions for any private person, group, association, or business except for goods and services rendered
- payment for employment of faculty or civil service personnel unless authorized because of unusual circumstances
- payment of faculty, A/P, or civil service professional dues
- gifts for advisory and participating members
- payments of debts and expenditures incurred from any previous fiscal year except under special circumstances
- alcohol

WE ALSO ACKNOWLEDGE THAT WE NEED TO SIGN UP FOR A HEARING TIME THAT WILL TAKE PLACE ON A PREDETERMINED WEDNESDAY NIGHT, AND THAT IF NO ONE FROM OUR RSO ATTENDS, THE RSO PROGRAM FUND FEE BOARD WILL MAKE ITS DECISION BASED ONLY UPON THE MATERIALS SUBMITTED. WE ALSO AGREE TO SEND NO MORE THAN THREE (3) STUDENT MEMBERS OF THE RSO AND THE FACULTY/STAFF ADVISOR OR FISCAL AGENT TO THE HEARING.

Student Officer: _____ Signature: _____ Date: _____

Local Address: _____ Phone: _____ Email: _____

Advisor Name: _____ Signature: _____ Date: _____

University Address: _____ Phone: _____ Email: _____

Fiscal Agent Name (if any): _____ Signature: _____ Date: _____

Local Address: _____ Phone: _____ Email: _____

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<u>FOR OFFICE USE ONLY:</u>	
DATE AND TIME RECEIVED: _____	RECEIVED BY: _____
REVIEWED FOR COMPLETION: _____	