

# Student Association

SUNY New Paltz, SUB 428, New Paltz, NY 12561 (845)257-3070

## Conference Fund Request

• PLEASE TYPE OR PRINT CLEARLY •

If any questions are not answered this form will be returned. This form must be submitted at least 21 days in advance. \$300.00 maximum for each attendee. Maximum grant of \$1800.00 for 6 or more attendees.

Name of Organization: \_\_\_\_\_

Date Submitted: \_\_\_\_\_ Account Number: \_\_\_\_\_

Detailed Description of Conference: (Attach further info as needed) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Day/Date: \_\_\_\_\_ Beginning Time: \_\_\_\_\_ Ending Time: \_\_\_\_\_

Location: \_\_\_\_\_ How Many Planning to Attend: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone/Address: \_\_\_\_\_  
(if on campus, please include room number)

Detailed itemized expenditures: (Must submit written price quotes)

	Prices Quotes (Total Amount)	
	Requested	Approved
Accommodations		
Transportation		
Other (Describe)		

Total Amount Requested:

\$

Total Amount Approved:

\$

