



ASUF PROJECT REQUEST FORM

REQUESTOR _____ DATE: _____

ORGANIZATION _____

ADDRESS. _____

CITY _____ STATE _____ ZIP _____

EMAIL _____ PHONE _____

PROJECT NAME _____

PROJECT : ATTACH ADDITIONAL PAGES IF NECESSARY AND EXHIBITS IF NEEDED, BE SURE TO INCLUDE BENEFITS TO THE ORGANIZATION. IF APPROVED PROPER PAYEE FOR CHECK. SEE NOTE BELOW.

NOTE: Non ASUF requests should indicate if organization is a 501-3c .
ASUF cannot fund ongoing operating costs.

FUNDING NEEDED _____ WHEN FUNDING NEEDED _____

COMPLETION DATE OR APPROXIMATE DATE _____

ASUF BOD RECEIVING REQUEST _____ DATE RECEIVED _____

PROJECT # _____

AMOUNT APPROVED BY BOD _____ DATE _____

CHECK PAID TO: _____ CHECK # _____ DATE _____

CHECK PAID TO: _____ CHECK # _____ DATE _____