**Iota Omega Chapter Budget Request Form—Due by September 1, 2020**

Complete the form below in order to request funds for Committees for the 2021 Budget Year. Funds in budgeted categories are paid through the Voucher Form. Your request will be reviewed by the Finance Committee, which will make a proposal to the Chapter at the **October** meeting. Your funds request will get a ***yes or no*** vote at the next Finance committee meeting, unless further information or consideration is requested by the Executive Board committee. Please attach or e-mail any research you have done on cost and be sure to include enough detail about how the funds will be spent. **Please return completed form by September 1, 2020 to Soror Robin T. Wilson.**

Committee Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

Chairperson(s) Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Request\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for your Request

How the money will be spent

|  |  |
| --- | --- |
| Items to be Purchased | Estimated Cost |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total Estimated Cost** | **$** |

**To Be Completed by Finance Committee**

Date of Finance Committee Meeting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount of Request Being Considered: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recommendation (Circle one):

*Approval Approval with stipulations stated below Denial More Information Needed*

Stipulations for Approval/Reason for Denial/Additional Information Being Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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