

Additional Allocations Request - Capital

*****All fields must be completed. Incomplete forms will be returned.**

***Please attach detailed quotes and documentation for the consideration of your request.**

Organization: _____ Is the organization on probation? Y / N
Main Contact Person: _____
Email: _____ Phone Number: _____
Item(s) requested: _____
Did you request funding for these item(s) in your budget turned in last semester? Y / N
If so, how much was received? _____

Relevance to Macalester Student Body/Student Organization:

Please explain why Student Activity Fee dollars should be used to fund these item(s) and the potential benefits of owning such item(s).

Item Overview:

Please explain exactly how these items will be used, who will have access to them, where they will be stored, and any other pertinent information.

Have you requested funds from other sources? (Departments, Dean of Students, Etc.) Y / N If so were you granted funding? Y / N

Please specify the sources and amounts requested/received below.

Source	Amt. Requested	Amt. Received
	\$	\$
	\$	\$
	\$	\$
	\$	\$

