**Pharmacy Student Executive Board**

**Funding Request Application**

This form is designed to help the members of PSEB document and assess funding requests. ALL parts of this form should be completed and submitted via blackboard under the funding request tab of the PSEB page. You will receive and email alerting you when the link to submit this document has been opened and when it will close. (Typically opens the first Wednesday of every month and closes the second Wednesday of the month) Please contact the PSEB Treasurer, Taylor Legette, via email at [psebtreasurer@email.campbell.edu](mailto:psebtreasurer@email.campbell.edu) if you have any questions regarding this document or the submission process.

**Name of person submitting request:** XXXXXXXXX

**Organization (if applicable):** XXXXXXXX

**Date of event:** XXXXXXXX

**Number of Anticipated Attendees:** XXXXXXX

**Name and/or description of “project” for which funding is requested**: XXXXXXX

**Detailed amount break down for FULL activity:**

* *Ex.* Cost of hotel price (and name of hotel), and for how many days, $XX.XX
* *Ex*. Cost of Air fair, $ XX.XX
* *Ex*. Cost and mode of Transportation, $XX.XX
* *Etc*, $XX.XX
* *Total cost and total cost per individual* ($XX.XX, $XX.XX/person)

**Amount requested for this activity from PSEB**: $XX.XX (and amount/individual traveling if applicable)

**For what purpose will these funds be used?** XXXXXX

**What other sources (if any) have been approached for funding, how much was requested, and how much funding was granted from these sources?** XXXXXXXX

**Other Comments for the PSEB board to acknowledge**: XXXXXXXXX

**This request will be discussed at the next PSEB meeting and the decisions of the PSEB board will stand. You are welcome to attend any PSEB meeting and the date and time of the next meeting can be found by calling Dr. Moore or any PSEB officer**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*Head of Organization Signature\*\* Signature of Person Requesting Funds

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_