****

All Greek Council

Landon Student Union, Suite 206

11300 NE 2nd Ave

Miami Shores, FL 33161

Office: (305) 899-4767

**agc@barry.edu**

Center for Student Involvement

Landon Student Union, Suite 202

11300 NE 2nd Ave

Miami Shores, FL 33161

Office: (305) 899-3961

**studentinvolvement@mail.barry.edu**

**AGC Fund Request**

*Contact Information*

|  |
| --- |
| Name/Organization: |
| President:  | President’s email: |
| Treasurer:  | Treasurer’s email: |

*Event Information*

|  |  |
| --- | --- |
| Event Title: | Date and time: |
| Event Location: | Expected # of Students in Attendance: |
| Event Description: |
| Describe how it will benefit the Barry community:  |
| Type of funding requested:  |

*Budget*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Vendor Name** | **Item** | **Quantity** | **Proposed Cost** | **Approved Amount** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |



All Greek Council

Landon Student Union, Suite 206

11300 NE 2nd Ave

Miami Shores, FL 33161

Office: (305) 899-4767

**agc@barry.edu**

Center for Student Involvement

Landon Student Union, Suite 202

11300 NE 2nd Ave

Miami Shores, FL 33161

Office: (305) 899-3961

**studentinvolvement@mail.barry.edu**

* The amount of funding requested is not guaranteed.
* I am submitting the application on time (2 weeks prior to the event).
* The application is properly completed.
* If the event is cancelled, AGC and the AGC Advisor will be contacted immediately and I will contact all vendors to cancel placed orders.
* I will submit a Post Event Report within one week of the event, including a roster of attendees and all original receipts. I will submit the Account Expense Form with the Post Event.

I agree to these qualifications and will abide by the Barry University Undergraduate Student Activity Fee Funding policies and bylaws.

Form completed by: (both signatures required)

Name (President) *Signature*  Date

Name (Treasurer) *Signature* Date

*Faculty Advisor Signature*

---

*DO NOT WRITE BELOW LINE, OFFICE USE ONLY.*

**Application Status**  Meeting Date:

Amount Requested:

Amount Approved:

Notes / Reasons Denied (if applicable):

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

AGC VP of Administration Date

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

AGCAdvisor Date