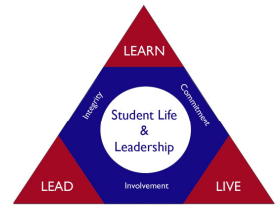




\$300 Incentive Request



Eligibility Requirements:

- Submitted Club Statement of Activity form
- Attended Club Advisor Training
- Form must be submitted to Student Life and Leadership for consideration of funding
- Request must be for a retention/recruitment activity; this excludes fundraising and travel
- Clubs are only eligible for one allocation per academic year, and funds are based on availability.

Requestor: _____ Phone: _____ Date of Request: _____

Organization: _____ Advisor: _____ Phone: _____

Amount Requested: _____ What are funds for? _____

Need by date: _____ (allow 3 weeks to process)

Does this request need to be a PRE-PAID check? yes no Do you have a quote sheet? yes no

How do you want your funds: Petty Cash Purchase Order/Check to Vendor Undecided-Not sure?

**Expenses for hiring and professional services may require additional forms such as: Certificate of Liability Insurance. **Please schedule an appointment with the Student Life & Leadership, 480.461.7277(Southern and Dobson) 480.654.7758 (Red Mountain) if you need assistance in completing forms, have questions or if the requested funds are for travel purposes.*

Official Functions – Support Information:

Expenses covered by this form are those for activities or items that do not appear to be, without the explanation, ordinary and necessary expenses of MCCCCD as a public institution such as food or decorations. Expenditures for alcoholic beverages are prohibited by policy.

Copies of the MCCCCD Administrative Regulation and Guidelines are available online:

http://www.dist.maricopa.edu/gvpolicy/adminregs/fiscal/1_16.htm

Describe the direct link of the activity or item to MCCCCD’s educational mission AND the tangible and specific benefits of the activity or item to MCCCCD and its educational mission (with attachments if necessary). As part of the analysis of benefits, please describe how the activity or item is of equal or greater benefit to MCCCCD than the expense:

Date(s), time(s), and location of event/activity: _____

Describe the event/activity: _____

Who will attend? _____ Anticipated Attendance: _____

Vendor Information

Please Note: All vendors must be registered within the District’s Financial System (CFS).
Those not already in the system will take an additional 1-2 weeks to process.

Business or vendor name: _____ Contact name: _____
(In whose name should the check be made out to or who will receive these funds)

Phone #: _____ Fax: _____ Notes: _____

Required Signatures:

Student Organization Officer: _____ Date: _____

Advisor: _____ Date: _____

Office Use Only:

REQ#: _____ PO#: _____ Petty Cash Voucher #: _____ Initials/Date: _____

