

TULANE UNIVERSITY SCHOOL OF MEDICINE STUDENT ORGANIZATION BUDGET REQUEST FORM

| | |
|--------------------------------|----------------------------------|
| Organization _____ | Date _____ |
| Treasurer _____ | Email address: _____ Phone _____ |
| Adviser _____ | Phone _____ |
| Number of active members _____ | |

List **all** sources of revenue for the organization:

| | <u>AMOUNT CURRENT</u> | <u>AMOUNT ANTICIPATED</u> |
|---|-----------------------|---------------------------|
| a. Dues of members | \$ _____ | \$ _____ |
| b. Fund raising projects | \$ _____ | \$ _____ |
| c. Other (includes Tulane Departments and National Organizations) | \$ _____ | \$ _____ |
| Total Income | \$ _____ | \$ _____ |

| Expenditures (Be specific and prioritize) | Funded by Organization | Funds Requested | Funded |
|--|---------------------------|--------------------|--------|
| 1. | \$ _____ | \$ _____ | |
| 2. | \$ _____ | \$ _____ | |
| 3. | \$ _____ | \$ _____ | |
| 4. | \$ _____ | \$ _____ | |

| Expenditures (Be specific and prioritize) | Funded by Organization | Funds Requested | Funded |
|--|---------------------------|--------------------|--------|
| 5. | \$ | \$ | |
| 6. | \$ | \$ | |
| 7. | \$ | \$ | |
| 8. | \$ | \$ | |
| 9. | \$ | \$ | |
| 10. | \$ | \$ | |
| 11. | \$ | \$ | |
| 12. | \$ | \$ | |
| 13. | \$ | \$ | |

| Expenditures (Be specific and prioritize) | Funded by Organization | Funds Requested | Funded |
|--|---------------------------|--------------------|--------|
| 14. | \$ | \$ | |
| 15. | \$ | \$ | |
| 16. | \$ | \$ | |
| 17. | \$ | \$ | |
| 18. | \$ | \$ | |
| 19. | \$ | \$ | |
| 20. | \$ | \$ | |
| 21. | \$ | \$ | |
| 22. | \$ | \$ | |