

**Columbus Alumnae Chapter
Delta Sigma Theta Sorority, Inc.**

BUDGET REQUEST FORM

July 1, 20____ to June 30, 20____

Committee:	
Briefly describe the project(s) for which funds are being requested:	
What is the estimated number of persons (attendees, participants, & recipients) that will be served by this project?	
List the estimated cost by type (eg. Labor, food-breakfast, lunch, dinner, copy charges, paper, postage, band, pianist, etc.) ITEMIZE YOUR EXPENSES AS MUCH AS POSSIBLE.	
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Total Needed	\$
Are moneys generated from other sources	Yes ____ No ____
If yes enter source (ex. Public, donation etc.) and amount:	
	\$
	\$
	\$
	\$
Total Requested	\$
Budget Committee Recommendation	\$
Budget request must be submitted to the budget chairperson by March 31 to be considered for the following fiscal year budget submission. This form is the official form for submission and is the only one which will be accepted. Additional information may be attached. Material can be copied.	
Chair/Co-Chair:	Phone Number
Chair/Co-Chair Signature:	Date
Rec'd Budget Chair:	Date Recorded: