

PLFSOM MEDICAL STUDENT COUNCIL AND FINANCE COMMITTEE
HSC Student Services

Student Organization/Specialty Club Budget Form – September 2017-August 2018

DEADLINE – August 25, 2017

1. Organization/specialty club name: _____

2. Have you updated your organization's/specialty club's

A. Registration for 2017 with Student Services? Yes No (new groups)

B. Membership requirements (current groups):

2017-18 Roster of Officers

2017-18 Membership List

Updated Constitution/Bylaws (NA if no changes)

3. Affiliation: Local State National

A. Income for 2016-17

Amount requested from Finance Committee \$ _____

Amount received \$ _____

Membership Dues \$ _____ (number of members: _____)

Donations \$ _____ given by _____

Fundraisers \$ _____; \$ _____; \$ _____; \$ _____

Other \$ _____

Total Income: \$ _____

B. Anticipated Income for 2017-18

Membership Dues \$ _____ (number of members: _____)

Donations \$ _____ given by _____

Fundraisers \$ _____; \$ _____; \$ _____; \$ _____

Other \$ _____

Total Anticipated Income: \$ _____

C. Expenses for 2016-17 (Consult Funding Regulations Handbook for guidelines on pg. 15.)

List all expenditures from last year below.

Total Expenses: \$ _____

Remaining Balance: \$ _____

C. Anticipated Expenses for 2017-18

List all anticipated expenditures below.

Note: Events must be listed separately and include:

- Name of event
- Description (must include the intended audience, purpose, location, and number of expected participants)
- Cost breakdown

Total Expenses: \$ _____

D. Requested funds for 2017-18: \$ _____

E. Group Information

1. List your organization's goals for this year.
2. List the types of community service your organization will participate in this year.
3. List the achievements your organization hopes to accomplish this year.
4. Why do you feel you need this allocation of money?

President's Signature

Treasurer's Signature

Reserved for Medical Student Council treasurer's use: