

Funding Award to a Student Organization

For Student Representative:

Event Name & Date: _____
 Student Representative Name: _____ Email: _____
 Organization Name: _____
 SOMeCA Advisor Name: Angela Harris aharris@ucsc.edu Arlan Mendiola amendiol@ucsc.edu
 Cory Fong comfong@ucsc.edu Daisey Miranda dmiranda@ucsc.edu
 Don Williams dwilliams@ucsc.edu Katherine Canales kcanales@ucsc.edu
 Scott Leiserson sleisers@ucsc.edu Susan Watrous swatrous@ucsc.edu
 Sayo Fujioka sfujioka@ucsc.edu Other: _____
 College or Unit Recipient: _____
 Amount Requested: _____ Date Submitted: _____

For Funder:

Amount Approved: _____ If restricted use, please specify:
 Check Here for Payments to Organization (not funding award): Check Here for Unused Funds to be Returned:
 Please Explain Payment: _____
 College/Senate: _____ Date: _____

For Administration Use:

	Fund	Organization	Account	Program	Activity	Amount
Debit						
Credit						

CPC/Provost Signature: _____ Date Emailed to SOAR: _____
 College Fiscal Contact: Name: _____ Email: _____ Phone: _____
 SOMeCA/College Advisor: _____ Date to Fiscal: _____