OFFICE OF THE SPEAKER

DILLON J. DOMKE
SPEAKER

SUPPLEMENTAL FUNDING REQUEST

Organization’s Name ____________________________________________________________

Cost Center No. _________________ Amount Requested: $__________________________

Reason Request______________________________________________________________

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

How will this funding benefit your organization and the larger student body of NIU?
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Supplemental Funding is used for emergency instances for a one-time expenditure or unique
and unexpected instances where lack of the specific service or equipment could cause the
organization immeasurable harm. Supplemental Funding is not to be used for additional
support for a programs, concerts, speakers or films. All requests must be approved by the
Senate. Only currently funded organizations may request supplemental funding.
Lastly, groups must submit with this form a detailed spreadsheet of the request (similar to the
annual budget request).

ALL FORMS MUST BE COMPLETE IN ORDER FOR THE REQUEST TO BE PROCESSED.
Signatures below verify that all parties involved are in agreement with the information provided on this form. We agree that we have read and understand all rules, procedures and policies regarding the NIU Finance Policy. Additionally, we understand that the Senate has the sole authority to approve or disapprove supplemental funding requests and may amend requested amounts as the Senate deems necessary.

President’s Name  Signature  Date

Treasurer’s Name  Signature  Date

Advisor’s Name  Signature  Date

Contact person:
Name ___________________________ Position ___________________________

Email ___________________________ Phone ___________________________

___________________________________________________________________________

OFFICE USE ONLY

FY14 Budget amount $ ____________________

Notes ______________________________________________________________________

___________________________________________________________________________

SA OFFICE STAFF

Signature  Date

SA TREASURER

Signature  Date

SA SPEAKER

Signature  Date