



# Stampede Club



## Funding Request Form

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Club Name:

Your Name:

Email:

Phone:

Amount Requested:

Funds needed by:

Describe your need:

Item	Quantity	Description	Cost	Purchasing from

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*Signature*

*Date*

*Club Use:*

*Reviewed by committee on* \_\_\_\_\_

*Approved for the amount of* \_\_\_\_\_

*Not approved*