Over $100 Form

**DISCLOSURE**: We require this form to be submitted **at least 2 weeks before** the intended event date or payment deadline. The ASCOCC Council reserves all rights to deny a proposal based on insufficient warning and adherence to this 2 week policy.

---

**Student Organization Name:** ________________________________  **Date Submitted:** ______________

**Name of Applicant:** __________________________________________

**Position within the Organization:** ______________________________

**Email:** __________________________________________  **Phone # (optional):** ______________________________

**Are you a currently enrolled COCC student?**  Y / N

**Primary Campus** (where do you take the majority of your courses?):  BEND / REDMOND / MADRAS / PRINEVILLE

**Title/Purpose of Funding:** __________________________________________

**Date/Time Needed By:** __________________________________________

**What is the requested funds going towards?** (circle all that apply):

- SPEAKER FEES
- FOOD
- ADVERTISING
- MATERIALS
- TRAVEL COSTS
- SPACE RENTAL
- PROMOTION

**Brief Explanation of the Payment:** __________________________________________

**Total Requested Sponsorship Amount ($):** ________________________________

**Co-Sponsoring Organization, Club, or Department (if applicable), and how much they plan to contribute:** __________________________________________

**Has this funding been discussed and approved in a club meeting?**  Y / N

---

Make sure that all relevant receipts and invoices are attached to this form upon submission.

**If possible, make sure the receipts are originals and are itemized.**
PAYMENT INFORMATION (if awarded):

- On Campus (Please Circle One)
  - Club/Student Organization
  - Department
  - Sodexo

- Off Campus (Please Circle One)
  - Online purchases
  - Local Vendors
  - Speakers/Musicians

(If utilizing services OFF CAMPUS, additional forms may be required, follow up with Dir. of Financial.)

Payment method (circle one): CHECK or ASCOCC CREDIT CARD

IF CREDIT CARD-
Date of Card Check Out: ___________________________ Time (approx.): _________________
Date of Card Return: ___________________________ Time (approx.): _________________

IF CHECK-
Check payable to: _____________________________________________________________

- Director of Financial Affairs Use Only -
  Club tier: ______________________
  YTD Budget Total: ______________________
  Date of last budget statement notification: ____________________________

- For ASCOCC Council Use Only -
  Meeting Date: ____________________________ Meeting Time: ____________________________
  Motion: ____________________________________________
  Motioned by: ____________________ Seconded by: ______________
  In Favor: ______
  Against: ______
  Abstain: ______
  Final Ruling: ____________________________________________