

DATE TURNED IN TO SGA OFFICE: _____

**THE UNIVERSITY OF WEST FLORIDA
STUDENT GOVERNMENT ASSOCIATION
FINANCE COMMITTEE**

PLEASE COMPLETE THIS FORM AND RETURN IT, ALONG WITH 11 COPIES OF ALL FORMS,
TO THE STUDENT GOVERNMENT FINANCE CHAIRMAN NO LATER THAN **(Friday, January 14,**
4:30pm). **PLEASE PRINT OR TYPE.**

NAME OF ORGANIZATION: _____

NAME OF ADVISOR: _____

ADVISOR'S PHONE NUMBER: _____

NAME OF ORGANIZATION PRESIDENT: _____

PRESIDENT'S PHONE NUMBER: _____

NAME OF ORGANIZATION TREASURER: _____

TREASURER'S PHONE NUMBER: _____

TOTAL NUMBER OF MEMBERS: _____

NUMBER OF ACTIVE MEMBERS: _____

HOW MUCH MONEY IS COLLECTED FROM EACH PERSON ANNUALLY? _____

HOW MUCH MONEY IS ALLOCATED FROM DUES TO NATIONALS? _____

BANK ACCOUNT INFORMATION:

NAME OF ORGANIZATION'S BANK: _____

SAVINGS ACCOUNT BALANCE: _____

CHECKING ACCOUNT BALANCE: _____

ACTIVITIES FROM THIS PAST YEAR

ACTIVITIES FOR THIS NEXT YEAR:

1. _____
2. _____
3. _____
4. _____
5. _____

1. _____
2. _____
3. _____
4. _____
5. _____

TOTAL EXPENDITURES FOR CURRENT FISCAL YEAR TO DATE: _____

TOTAL ANTICIPATED EXPENDITURES FOR NEXT YEAR: _____