



FINANCIAL OVERSIGHT & INVESTMENT COMMITTEE
FUNDING REQUEST FORM

Name: _____ Student Number: _____ Year of Study: _____

Address: _____

Telephone: _____ Email: _____

Club/Association: _____

Funding is for: **GROUP** **INDIVIDUAL** I would like to address the committee: **YES** **NO**

Please attach detailed information including:

1. Number of participants
2. Travel, delegate fees, accommodation
3. Full statement of all funding sources
4. Purpose of event/conference
5. Date of the event/conference
6. How this event/conference has benefited yourself/your club/the students of Lakehead University

Cheque to be issued to: _____

I will pick up the cheque Please mail cheque to address above

Signature of applicant

Date (dd/mm/yyyy)

FOR FINANCIAL MANAGEMENT USE ONLY

APPROVED: **YES** **NO**

DATE RECEIVED: _____
(dd/mm/yyyy)

IF NOT APPROVED: Decision Attached

DATE OF AUTHORIZATION: _____

AMOUNT APPROVED: \$ _____

Signature of VP Finance (Chair of Financial Oversight & Investment Committee)