

DASB FINANCE COMMITTEE AGENDA ITEM

This form must be submitted to Student Accounts **NO LATER** than 4:30 PM on the Tuesday (subject to change) before the meeting in which you wish the item to appear. It **MUST** be filled out completely (all pages), or your request may be postponed or denied. Attach additional sheets if necessary.

Clubs should fill out the "ICC/Club Budget Request" form for all requests.

NOTE: The Finance Committee does not meet during the first week of the quarter, dead and finals weeks or breaks.

Please submit the original and one (1) copy of this form and any attachment(s) for a total of two (2) sets.

Name: _____ Signature & Date: _____

Phone: _____ E-mail: _____

Group or department you are representing: _____

You are required to attend the DASB Finance Committee meeting, Monday at 3:30 PM (subject to change), to answer any questions for items 1 and 2 below and possibly item 3 as well if determined by the Chair of Finance.

Request to be on the Finance Committee Agenda For: (check one)

1. GENERAL ITEM (Includes Budget Transfers):

Summary of item: (REQUIRED, use additional sheets if necessary) _____

2. NEW OR ADDITIONAL FUNDING: Total Requested Amount \$ _____

Complete the next two pages as well when requesting new or additional funding. Attach additional sheets if necessary. Also attach additional details and event/program descriptions. Incomplete applications will not be accepted.

3. OBJECT CODE/LINE ITEM TRANSFER (Only Page 1 Required; must attend Finance Committee meeting only if contacted):

Account Name: _____

Account Number: _____

| From Object Code: | To Object Code: | Requested Amount \$ | <i>DASB Use only</i> Approved Amount \$ |
|-------------------|-----------------|---------------------|--|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Reason for Transfer: (REQUIRED, use additional sheets if necessary) _____

The Budgeter and Administrator cannot be the same person.

_____ Budgeter's Name (PRINT) _____ Budgeter's Signature _____ Phone Number _____ E-mail

_____ Administrator's Name (PRINT) _____ Administrators Signature _____ Phone Number _____ E-mail

Action Taken
(office use only)

Transfer Approved and Forwarded to Student Accounts on _____ Date Transfer Denied

_____ DASB Chair of Finance _____ Date _____ DASB Advisor _____ Date

The DASB Finance Code and the DASB Budget Stipulations must be adhered to at all times.
They are available at <http://www.deanza.edu/dasb/budget/>

NEW OR ADDITIONAL FUNDING REQUESTS

1. Program (Account) Name: _____
2. Have you previously received DASB funding for this program?
No Yes DASB Account Number: _____ Year Funded: _____
3. If yes, amount previously requested for current account \$ _____
4. If yes, total amount previously allocated current account \$ _____
5. How long has this program existed? _____
6. Number of students directly served or involved in this program: _____

Please ACCURATELY and THOROUGHLY complete numbers 8 – 11 and use additional sheets if necessary.

7. List ALL other accounts and/or sources of income (list ALL Account Numbers, Account Names, Account Balances and Account Purposes/Restrictions) also list ALL Co-Sponsorships for the Program; include anticipated future sources and co-sponsorships. Accounts and amounts will be verified. **Failure to disclose ANY and ALL non-DASB Funding Sources will result in the immediate disqualification of your request and/or the freezing of your DASB Account if already approved.**

B Budget Accounts: _____
Trust Accounts: _____
Fund 15 Accounts: _____
FHDA Foundation Accounts: _____
Grant Funded Accounts: _____
Other District Accounts: _____
Off-Campus/Off-District Accounts: _____
On-Campus Co-Sponsorships: _____
Off-Campus Co-Sponsorships: _____

8. Give a brief description of the program/services to be provided and how they fulfill the mission of the college. How will these funds benefit present and future students? _____

9. How do you use other funding to support your program? _____

10. What would be the impact if DASB did not completely fund this request? _____

11. How have you been meeting or how do you plan to meet the budget stipulation of requiring that all students benefiting from DASB funds allocated to you have paid the \$10 DA Student Body Fee and are DASB Members (DASB Budget Stipulation # 1)? _____

12. Total amount being requested \$ _____
(You must also complete the object code information on the next page)

Signatures that are needed for requesting funds

All financial documents, forms, requests/requisitions require the signature of the budgeter(s) and the administrator responsible for the program of the account. The budgeter and administrator responsible for the program of the account shall sign designating this is an appropriate expenditure of DASB funds and in the best interest of the student body. Administrators are responsible for any expenditures exceeding budget allocations. **The Budgeter and Administrator cannot be the same person.**

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DASB Object Code/Line Item Information

* Fill out only applicable object codes. *

| Object Code Name and Number | Description of Expenses (Please itemize all your expenses, BE SPECIFIC) | Requested Amount (round up to the next whole dollar) | DASB Use Only Approved Amount |
|---|--|--|-------------------------------------|
| Student Payroll – 2310 Include hours to be worked x pay rate MUST ALSO COMPLETE BENEFITS – 3200 | | | |
| Benefits – 3200 (1.52 % for Student Employees) MUST BE COMPLETED WHEN REQUESTING PAYROLL | | | |
| Supplies – 4010 (Office supplies or as specified in request or stipulations) | | | |
| Banners – 4013 (Reusable banners that will last multiple years) | | | |
| Food/Refreshments – 4015 (Must adhere to district Administrative Procedure 6331, http://www.boarddocs.com/ca/fhda/Board.nsf/goto?open &id=AKVUKX7C7F98) | | | |
| Printing – 4060 (flyers, posters, programs, forms, etc.) | | | |
| Technical & Professional Services – 5214 (Consultants/Guest Speakers/Entertainment) maximum \$1,200 per speaker per event maximum \$1,800 per performance | | | |
| Capital – 6420 | | | |
| Grand Total | | | |

No deficit spending will be allowed and all accounts shall be held to line item amounts. Funds allocated to a program must be used for the purpose stated in the original request and stay with that program and cannot be used for or allocated/donated to other programs without DASB Senate approval.

A budgeter's and an administrator's signature are required before this form will be considered.

The Budgeter and Administrator cannot be the same person.

Budgeter's Name (PRINT) Budgeter's Signature Phone Number E-mail

Budgeter's Name (PRINT) Budgeter's Signature Phone Number E-mail

Administrator's Name (PRINT) Administrators Signature Phone Number E-mail

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