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: ___________________________

<table>
<thead>
<tr>
<th>From Object Code:</th>
<th>To Object Code:</th>
<th>Requested Amount $</th>
<th>DASB Use only Approved Amount $</th>
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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 ____________ Date

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/
Student Representation Fee (Fund 46) Funding Criteria

Check off all of the criteria you feel this request meets and attach all supporting documents including conference programs/schedules, event/workshop descriptions, etc.

Also submit a typed statement explaining why you feel this request meets the criteria for Student Representation Fee funds.

Your request will be reviewed by the DASB Finance Committee, DASB Senate, Dean of Student Development, and Vice President of Student Services to determine eligibility for funding from the Student Representation Fee funds.

- Carrying out voter registration, education and mobilization campaigns
- Training students and hiring student interns to organize and advocate for themselves and their communities before state and local decision-making bodies
- Carrying out educational programs for the student body to help students become better informed of important decisions being made at the state and local level affecting their lives as students
- Supporting student advocates to meet with members of the state legislature and other elected officials in Sacramento and/or at the regional or local level
- Supporting student advocates to organize with other students at the local, regional and statewide level at conferences, training sessions and advocacy gatherings
- Increasing the capacity of the student body to organize and mobilize and develop leadership to be more effective advocates for themselves and their communities before state and local decision-making bodies
NEW OR ADDITIONAL STUDENT REPRESENTATION FEE (FUND 46) 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.

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/

Revised 11/5/2018
DASB Student Representation Fee (Fund 46) Object Code/Line Item Information

* Fill out only applicable object codes. *

<table>
<thead>
<tr>
<th>Object Code Name and Number</th>
<th>Description of Expenses</th>
<th>Requested Amount</th>
<th>DASB Use Only Approved Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Payroll – 2310</td>
<td>Include hours to be worked x pay rate MUST ALSO COMPLETE BENEFITS – 3200</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Benefits – 3200</td>
<td>(1.52 % for Student Employees) MUST BE COMPLETED WHEN REQUESTING PAYROLL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supplies – 4010</td>
<td>(Office supplies or as specified in request or stipulations)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Banners – 4013</td>
<td>(Reusable banners that will last multiple years)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Printing – 4060</td>
<td>(flyers, posters, programs, forms, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Technical &amp; Professional Services – 5214</td>
<td>(Consultants/Guest Speakers/Entertainment) maximum $1,200 per speaker per event maximum $1,800 per performance</td>
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<td></td>
</tr>
<tr>
<td>Domestic Conference and Travel – 5510</td>
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</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Budgeter’s Name (PRINT)</th>
<th>Budgeter’s Signature</th>
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<td>Administrator’s Name (PRINT)</td>
<td>Administrators Signature</td>
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