**Equipment & Contingency Funding Request**

*Student Activity Finance Board*

Refer to [SAFB website](https://safb.mst.edu/) before attempting to fill out this form. A digital PDF version must be submitted on Engage and a signed hard copy must be submitted to the Student Council office.

The purpose of the Equipment & Contingency Fund is to make long term purchases on a limited basis that cost more than $5,000 or to cover unexpected expenses (SAFB Code § 4B).

Office Use Only, Date & Time of Receipt: \_ \_ \_

**General Information:**



**Organization Name:**

**Number of Members:**

**Semester:**



**Mission, Purpose, & Goals:**

**Officer Information:**



**President:** Name:

Phone:

Email:

**Treasurer:** Name:

Phone:

Email:

**Advisor:** Name:

Phone:

Email:

**Equipment Details:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Item:** |  |  |  |  |  |
|  | **Storage Location:** |  |  |  |  |  |
|  |  |  |  |  |  |
|  | **Intended Use:** |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | **Quotes:** | **Company:** |  |  | **Price:** |  |
|  |  |  |  |  |  |  |
|  | **Primary Quote:** |  | $ |  |  |
|  | **Quote 2:** |  | $ |  |  |
|  |  |  |  |  |  |  |
|  | **Quote 3:** |  | $ |  |  |
|  |  |  |  |  |  |  |
|  | **Item:** |  |  |  |  |  |
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|  | **Storage Location:** |  |  |  |  |  |
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|  | **Intended Use:** |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | **Quotes:** | **Company:** |  |  | **Price:** |  |
|  |  |  |  |  |  |  |
|  | **Primary Quote:** |  | $ |  |  |
|  |  |  |  |  |  |  |
|  | **Quote 2:** |  | $ |  |  |
|  |  |  |  |  |  |  |
|  | **Quote 3:** |  | $ |  |  |
|  |  |  |  |  |  |  |
|  | **Item:** |  |  |  |  |  |
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|  | **Storage Location:** |  |  |  |  |  |
|  | **Intended Use:** |  |  |  |  |  |
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|  |  |  |  |  |  |  |
|  | **Quotes:** | **Company:** |  |  | **Price:** |  |
|  |  |  |  |  |  |  |
|  | **Primary Quote:** |  |  | $ |  |  |
|  |  |  |  |  |  |  |
|  | **Quote 2:** |  |  | $ |  |  |
|  |  |  |  |  |  |  |
|  | **Quote 3:** |  |  | $ |  |  |
|  |  |  |  |  |  |  |
|  | **Item:** |  |  |  |  |  |
|  | **Storage Location:** |  |  |  |  |  |
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|  |  |  |  |  |  |  |
|  | **Intended Use:** |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | **Quotes:** | **Company:** |  |  | **Price:** |  |
|  |  |  |  |  |  |  |
|  | **Primary Quote:** |  |  | $ |  |  |
|  |  |  |  |  |  |  |
|  | **Quote 2:** |  |  | $ |  |  |
|  |  |  |  |  |  |  |
|  | **Quote 3:** |  |  | $ |  |  |
|  |  |  |  |  |  |  |

Please send supporting documents for your price quotes to stsafb@mst.edu and submit with your hard copy. Remember, all purchases are subject to the university’s purchasing policies. This page can be duplicated if necessary.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Total Cost** |  | **Requested Funding** |  | **Percent Requested %** |
|  |  |  |  |  |
| $ |  | $ |  | % |
|  |  |  |  |  |

**Justification:**



**Please describe, in detail, why this equipment is critical to the future of your organization. Explain the benefits of this equipment, alternatives that exist, and how this equipment was selected. Attach additional pages if necessary.**

**Mission Statement Relevance:**

**In 4- 6 sentences please describe how this funding request relates to your organization's mission and purpose. How will these expenses enable your organization? Further, how will your organization benefit the S&T campus as a whole?**

**Signatures:**



**We affirm that the above information is accurate, truthful, and complete to the best of our knowledge, and realize that any attempt at deception in the above records is grounds for denial of funding for this period and future funding periods.**

**President:**

**Treasurer:**



**Advisor:**

**Submission:**

* To submit the electronic copy, please submit the PDF document on your organization’s

Engage portal.

* The hardcopy of this document and all other application materials must be submitted to the SAFB chair in 232 Havener Center. The hard copy should be signed.
* Visit the SAFB website: safb.mst.edu for more information.