

Matching Funds Request

For Clubs & Organizations

Club/Organization: _____ Event Name: _____

Place of Event: _____ Time of Event: _____

Club Member: _____ Club Advisor: _____

Fundraiser Event

Funds Raised to be Matched \$ _____

Current Funds Matched to Date \$ _____

Club Member Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

ASWNMU Signature: _____ Date: _____

(Note: Attached to this document should include your Record of Receipt, General Ledger, and Trial Balance)

ASWNMU Use Only

Turned in to: _____

Date & Time: _____

Received Record of Receipt: _____

Received General Ledger: _____

Received Trial Balance: _____

Funds to be Matched: _____

Total Funds Matched: _____

Available Matching Funds: _____