MSUCOM SOMA Expenditure Request

Name: _________________________________  MSU E-mail Address: ____________________

Student Organization: ____________________

Are you an MSU student/regular employee?  Yes  No  (Circle one)

COM Student Year  1st, 2nd, 3rd, 4th  (Circle one).  U. S. Citizen:  Yes  No  (Circle one)

Amount of Requested Funding: _______________

Amount of Other Funding You Are Receiving For This Request: _______________

Has your Organization used their SGA monies?  Yes  No  (Circle One)

Are you required to attend this meeting (voting, etc)?  Yes _____ No _____

Type of activity (e.g. travel, symposium, other type of event): ___________________________

Date(s): ________________  Location/Destination: _____________________________

Purpose: _______________________________________________________________________

Types of Expense Anticipated (please attach a copy of the program): (  ) airfare; (  ) motor pool;
(  ) registration fee; (  ) lodging; (  ) meals.  Reimbursement limited to $_____________.

Other Activity (e.g. honorarium, speaker lodging and meals, printing, mailing, etc.): _________
_____________________________________________________________________________

_____________________________________________ _____________________________
SOMA President      Date

_____________________________________________ _____________________________
SOMA Treasurer      Date

_____________________________________________ _____________________________
William M. Falls, Ph.D.  
Associate Dean/Student Services  
Date

_____________________________________________ _____________________________
SOMA Advisor      Date

FOR MSUCOM SOMA USE ONLY:  Request Denied (  ) Reason(s):
_____________________________________________________________________________

By: _________________________________  Date_________________________

OFFICE USE ONLY:  MSUCOM Account Number: ______________  Subaccount _________