

## MSUCOM SOMA Funds Request Form

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Student PID: \_\_\_\_\_ Student Organization: \_\_\_\_\_

COM Student Year: 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> (circle one) Amount of Requested Funding: \_\_\_\_\_

Other funding you are receiving for this activity: \_\_\_\_\_ Have you used SOMA funds previously? (Y) (N) Have you used SGA funds? (Y) (N)

Type of Activity (e.g. travel, conference, etc.): \_\_\_\_\_

Date(s): \_\_\_\_\_ Location/Destination: \_\_\_\_\_

Purpose: \_\_\_\_\_

Types of Expense Anticipated: \_\_\_\_\_

Student Travel (please attach a copy of the program): ( ) airfare; ( ) motor pool; ( ) registration fee; ( ) lodging; ( ) meals.

Other Activities (e.g. honorarium, speaker lodging and meals, printing, mailing, etc.): \_\_\_\_\_

**FOR MSUCOM SOMA USE ONLY:**

Request Denied ( ) Reason(s): \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Organization President

\_\_\_\_\_  
Date

\_\_\_\_\_  
Ryan Gegg, SOMA President

\_\_\_\_\_  
Date

\_\_\_\_\_  
Jonthan Beaulac, SOMA Treasurer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mark Gugel, D.O., SOMA Advisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
William M. Falls, Ph.D., Assoc. Dean/  
Student Services

\_\_\_\_\_  
Date

Account Number: \_\_\_\_\_

Subaccount: \_\_\_\_\_

Total Amount Allocated: \_\_\_\_\_