Department of Mechanical Engineering  
Mechanical Engineering Office Building (MEOB), Room 100  
Texas A&M University

Student Organization Funding Request
(Please return completed form to Ms. Sophia Keen, 100 MEOB)

Please print or type:

Name of Organization:

Number of Members:

Do you collect dues? Amount per member:

Estimate Total Cost of Project/Operations:

Please describe the special need or purpose for this request:

<table>
<thead>
<tr>
<th>FOR OFFICE USE:</th>
<th>APPROVED BY:</th>
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<tbody>
<tr>
<td>Date Received</td>
<td>Department of Mechanical Engr. / Date</td>
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<td>Received By:</td>
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<td>Funds may be used for the following:</td>
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<td>Approved Amount of Allocation</td>
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<tr>
<td>Date Funds Transferred-SOFC</td>
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Provide a budget to indicate how the funds will be distributed. Include ALL costs (i.e. advertising, travel, equipment, etc.) and ALL OTHER SOURCES OF FUNDS (i.e. membership dues, admission fees, donations, etc.). ATTACH a separate page if necessary.

What other sources of revenue has your group pursued?

What is your group doing to control cost?

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REMINDERS:
- All fund expenditures are limited to the purpose(s) for which they were allocated as indicated.
- Any money allocated, but not used WILL be returned to the Department of Mechanical Engineering.
- Student Organizations must be in good standing with the University and department.

_________________________________________  _________________________________
Print Name of Organization President       Signature of Organization President

_________________________________________
Address                                    City/State/Zip

_________________________________________
E-Mail                                     Phone Number

_________________________________________
Date

_________________________________________
Print Name of Organization Advisor         Signature of Organization Advisor

_________________________________________
Campus Address                             Mail Stop

_________________________________________
E-Mail                                     Phone Number

_________________________________________
Date