## Services and Activity Fee Annual Budget Request COVER FORM

## FISCAL YEAR 2024-2025

		Date of Request		
(Insert Club or Dep	artment Name H	ere) 522-264-	522-264-(Insert Account Code Here)	
Club/Program		Account Number		Amount Requested
Faculty/Staff Advisor	Office Number	Phone Number	Email	
Student Contact (If Applicable)		Phone Number	Email	

COMPLETED BUDGET REQUESTS WITH REQUIRED DOCUMENTATION AND MUST BE RECEIVED BY Friday, January 26, 2024. Please email your Budget Request Cover Form and completed Budget Request Form to Zach Hanthorn, at zhanthorn@olympic.edu.

1. Please provide a brief overview of your group/organization. (Limit 500 words maximum) \*Please note, this description will be the one utilized in the presentation of the S&A Budget Request to be approved by the Board of Trustees.