Shippensburg University Student Association

Capital Expenditure Budget Request Form

This form is to be filled out for each Capital Budget allocation request that a student group wishes to make. It shall include an itemized proposal that includes several quotes for any item that is to be purchased using Student Senate allocated monies. If no itemized proposal is attached, the Budget and Finance Committee reserves the right to deny the following request. All lines must be filled out. Incomplete forms may not be considered. Use ID # instead of signature if submitting electronically.

Student Group Name                      Date of Request

Student Treasurer Name                             Email Address & Phone Number

Student Group Advisor Name                               Email Address & Phone Number

Signature of Student Treasurer              Signature of Student Group Advisor

Capital Expenditure Allocation Information

Summarize the purpose of this Capital Expenditure (Attach any supporting documents)

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Total Cost (Use the Space provided or Attach a separate sheet, if necessary, of a detailed cost breakdown)

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Total Amount- $______________________

Return completed form to:      Student Association Treasurer          Office Hours: M-F 8:30 a.m. – 4:30 p.m.
                                 Student Senate Office          Office Telephone: 717-477-1651
                                 CUB Room 201                    Email:  sentreas@ship.edu

If Emailing please email: Sentreas@ship.edu and LjLaug@ship.edu