



CONGRESS OF GRADUATE STUDENTS (COGS)

Student Life Building, Rm. 244
Florida State University 32306-4177
Phone: (850) 644-7166
E-mail: bspeck@admin.fsu.edu



BUDGET REQUEST FORM

Requesting Organization: _____ **Date Requested:** _____

Budget Number: _____ **Request For (Academic Year):** _____

President: _____ **E-mail Address:** _____ **Phone#:** _____

Treasurer: _____ **E-mail Address:** _____ **Phone#:** _____

<u>BUDGET CATEGORIES</u>	<u>AMOUNT REQUESTED</u>	<u>AMOUNT AWARDED</u>
I. OPS Programs		
1. <i>Speaker/Contracted Service</i>	_____	_____
2. _____	_____	_____
CATEGORY TOTAL	_____	_____
II. Expense		
1. <i>General</i>	_____	_____
2. <i>Travel</i>	_____	_____
CATEGORY TOTAL	_____	_____
III. Food	_____	_____
IV. Clothing & Awards	_____	_____
V. Operating Capital Outlay (OCO)	_____	_____
TOTAL	_____	_____

SPECIAL REQUIREMENTS: _____

Organization Treasurer: _____ **Date:** _____

COGS Approved Signature 1: _____ **Date:** _____

COGS Approved Signature 2: _____ **Date:** _____

Director, SA&O: _____ **Date:** _____

Manager, SGA Accounting: _____ **Date:** _____

Vice President, Student Affairs: _____ **Date:** _____