

Allocation Form

Organization Name: _____

Student Contact Person: _____

Phone Number: _____

WDT Email Address: _____

Event: _____

Time/Location: _____

Is this a community service event? Yes No

Amount of the allocation request: _____

Description of the event or items to be purchased: _____

Officer signature

Advisor signature

Committee use only

Meeting Date: _____

Comments: _____

- Approved
- Approved with changes
- Denied

Total Amount Allocated: _____

Student Success Coordinator: _____ Date: _____

Student Success Coach/Club: _____ Date: _____

Student Accounts Coordinator: _____ Date: _____