



INDIANA UNIVERSITY  
OFFICE OF STUDENT ORGANIZATION ACCOUNTS  
Bloomington

# Application for Financial Support For Student Organization

Student Organization \_\_\_\_\_

Representative Making the Request

Name \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Amount Requested \_\_\_\_\_

Date Funds Needed \_\_\_\_\_

Date of Event \_\_\_\_\_  
(if applicable)

Please describe the event or \_\_\_\_\_

Intended uses for the funds \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Student Org  
Representative \_\_\_\_\_

Account # \_\_\_\_\_

Department providing funds \_\_\_\_\_

Please allow at least **ONE WEEK** for payment processing through FMS