



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)

Describe the event or intended use for the funds:

Signature of Organization Representative: _____

SOA Account #: _____

Department providing funds: _____

NOTE: Add the name of the organization to the notes section at the bottom of the Disbursement Voucher (DV).

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