# Budget Request Form

Alpha Sigma Phi Fraternity

The Budget Request Form should be completed by all officers prior to the chapter budget being drafted. The first three columns are to be completed by each officer, while column four (Approved) should be completed by the Treasurer after the budget has been approved by the chapter.

All anticipated expenditures related to each officer's position should be listed in the spreadsheet. Expenditures should be ranked in priority order with the priority ranked number one being the top priority. Each officer should provide a detailed explanation for the expense. Expenses should be itemized so if you are the Social Director and are planning a formal, all expenses associated with the formal should be listed (food, facility rental, party favors, etc.). Every effort should be made to research the actual cost of each item prior to submitting the budget request.

Once all budget requests have been submitted, the Treasurer should utilize this information to prepare the chapter budget.

**PERSONAL INFORMATION**

Name _____ Today's Date _____ / _____ /_____

Position _____

Please use the worksheet to itemize, explain, and total your budget requests. Itemization is required.

| Priority | Explanation of Expense | Requested | Approved |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | **Total:** | |

Total Director Budget Request: $_____

Total Director Budget Approved: $_____

Treasurer Reviewed ❑ Prudential Committee Approved ❑ Chapter Approved ❑



**headquarters address:** 710 Adams Street, Carmel, Indiana 46032-7541 | phone: 317.843.1911 | fax: 317.843.2966 | web: alphasigmaphi.org