



UNDERGRADUATE STUDENT GOVERNMENT OF BARUCH COLLEGE
 SUITE 3-275, 55 LEXINGTON AVE. NEW YORK NY 10010

Budget Appeals Form

Name of the Organization: _____

Submitted by: _____ Position Held: _____

Line/Program: _____

Date & Time of the Events: _____

Fall Semester [] Spring Semester [] Both []

Do You Have a Room Booked for this Event? If so, Which Room?: _____

Items	Budgeted	Other Allocations (Private Accounts, Co- sponsorships, etc.)	Additional Amount Requested	Appeals Committee Allocation (For USG to Fill Out)
Refreshments				
Contracts				
Equipment				
Supplies				
Miscellaneous				
Total				

Contact Email: _____ Contact Phone: _____

Date: _____ Signature: _____

Please contact appeals@usgbaruch.com for questions, comments, and/or concerns regarding your appeals or the appeal process.

Please answer these questions to the best of your abilities (your allocation will depend on how in-depth your answers are). MAKE SURE YOU READ THE APPEALS GUIDELINES ON BARUCHCONNECT.COM:

1. Describe the program/event you are appealing for. What is its purpose and how will it benefit students?

2. Is this event a new program? If not, how much was allocated towards each line previously?

3. What are the expenditures? Provide a breakdown, and also state an estimation of how many people you expect to attend.

4. Who is the event geared towards? Is the event exclusive to a small demographic? Are outside guests allowed?

5. If the event takes place outside of Baruch, where will it be held? How many attendants will there be? Approximately how many are Baruch students?