**DASB FINANCE COMMITTEE AGENDA ITEM**

This form must be submitted to Student Accounts **NO LATER** than 4:30 PM on the Tuesday (subject to change) before the meeting in which you wish the item to appear. It **MUST** be filled out completely (all pages), or your request may be postponed or denied. Attach additional sheets if necessary.

Clubs should fill out the “ICC/Club Budget Request” form for all requests.

**NOTE:** The Finance Committee does not meet during the first week of the quarter, dead and finals weeks or breaks.

Please submit the original and one (1) copy of this form and any attachment(s) for a total of two (2) sets.

Name: ____________________ Signature & Date: ____________________

Phone: ____________________ E-mail: ____________________

Group or department you are representing: ____________________

You are required to attend the DASB Finance Committee meeting, Monday at 3:30 PM (subject to change), to answer any questions for items 1 and 2 below and possibly item 3 as well if determined by the Chair of Finance.

Request to be on the Finance Committee Agenda For: (check one)

1.  □ GENERAL ITEM (Includes Budget Transfers):
   Summary of item: (REQUIRED, use additional sheets if necessary)

2.  □ NEW OR ADDITIONAL FUNDING: Total Requested Amount $__________

   Complete the next two pages as well when requesting new or additional funding. Attach additional sheets if necessary. Incomplete applications will not be accepted.

3.  □ OBJECT CODE/LINE ITEM TRANSFER (Only Page 1 Required; must attend Finance Committee meeting only if contacted):

   Account Name: ____________________
   Account Number: ____________________

<table>
<thead>
<tr>
<th>From Object Code:</th>
<th>To Object Code:</th>
<th>Requested Amount $</th>
<th>DASB Use only Approved Amount $</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

   Reason for Transfer: (REQUIRED, use additional sheets if necessary)
   ____________________
   ____________________
   ____________________

   The Budgeter and Administrator cannot be the same person.

   Budgeter’s Name (PRINT) ____________________ Budgeter’s Signature ____________________ Phone Number ____________________ E-mail ____________________

   Administrator’s Name (PRINT) ____________________ Administrators Signature ____________________ Phone Number ____________________ E-mail ____________________

   **Action Taken** (office use only)

   □ Transfer Approved and Forwarded to Student Accounts on __________ Date
   □ Transfer Denied

   __________ Date

   DASB Chair of Finance ____________________ __________ Date

   DASB Advisor ____________________ __________ Date

The DASB Finance Code and the DASB Budget Stipulations must be adhered to at all times.

They are available at [http://www.deanza.edu/dash/budget/](http://www.deanza.edu/dash/budget/)

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NEW OR ADDITIONAL FUNDING REQUESTS

1. Program (Account) Name:

2. Have you previously received DASB funding for this program?
   No ☐ Yes ☐ DASB Account Number: __________________________ Year Funded: __________________________
   3. If yes, amount previously requested for current account $ __________________________
   4. If yes, total amount previously allocated current account $ __________________________

5. How long has this program existed? __________________________

6. (For Everyone but Athletics) Number of students directly served in this program: __________

7. (For Athletics) Number of traveling players: __________ Number of off-campus games: __________

   Please ACCURATELY and THOROUGHLY complete numbers 8 – 11 and use additional sheets if necessary.

8. List ALL other accounts and/or sources of income (list ALL Account Numbers, Account Names, and Account Balances) also list ALL Co-Sponsorships for the Program; include anticipated future sources and co-sponsorships. Accounts and amounts will be verified.
   Failure to disclose ANY and ALL non-DASB Funding Sources will result in the immediate disqualification of your request and/or the freezing of your DASB Account if already approved.

   B Budget Accounts: __________________________
   Trust Accounts: __________________________
   Fund 15 Accounts: __________________________
   FHDA Foundation Accounts: __________________________
   Grant Funded Accounts: __________________________
   Other District Accounts: __________________________
   Off-Campus/Off-District Accounts: __________________________
   On-Campus Co-Sponsorships: __________________________
   Off-Campus Co-Sponsorships: __________________________

9. Give a brief description of the program/services to be provided. How will these funds benefit present and future students? __________________________
   ___________________________________________________________________________________________
   ___________________________________________________________________________________________

10. What would be the consequences if DASB didn’t fund or completely fund this request? __________________________
    ___________________________________________________________________________________________
    ___________________________________________________________________________________________
    ___________________________________________________________________________________________

11. How have you been meeting or how do you plan to meet the budget stipulation of requiring that all students benefiting from DASB funds allocated to you have paid the $10 DA Student Body Fee and are DASB Members (DASB Budget Stipulation # 1)? __________________________
    ___________________________________________________________________________________________
    ___________________________________________________________________________________________
    ___________________________________________________________________________________________

12. Total amount being requested $ __________________________

   (You must also complete the object code information on the next page)

Signatures that are needed for requesting funds
All financial documents, forms, requests/requisitions require the signature of the budgeter(s) and the administrator responsible for the program of the account. The budgeter and administrator responsible for the program of the account shall sign designating this is an appropriate expenditure of DASB funds and in the best interest of the student body. Administrators are responsible for any expenditures exceeding budget allocations. The Budgeter and Administrator cannot be the same person.

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DASB Object Code/Line Item Information

* Fill out only applicable object codes. *

<table>
<thead>
<tr>
<th>Object Code Name and Number</th>
<th>Description of Expenses (Please itemize all your expenses, BE SPECIFIC)</th>
<th>Requested Amount (round up to the next whole dollar)</th>
<th>DASB Use Only Approved Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Payroll – 2310</td>
<td>Include hours to be worked x pay rate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Benefits – 3200</td>
<td>MUST ALSO COMPLETE BENEFITS – 3200</td>
<td></td>
<td></td>
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<tr>
<td>Supplies – 4010</td>
<td>MUST BE COMPLETED WHEN REQUESTING PAYROLL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Banners – 4013</td>
<td>(Reusable banners that will last multiple years)</td>
<td></td>
<td></td>
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<tr>
<td>Refreshments/Meeting Meals – 4015</td>
<td></td>
<td></td>
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<tr>
<td>Printing – 4060</td>
<td>(flyers, posters, programs, forms, etc.)</td>
<td></td>
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<tr>
<td>Technical &amp; Professional Services – 5214</td>
<td>(Consultants/Guest Speakers/Entertainment)</td>
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<tr>
<td>Equipment Rental – 5310</td>
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<tr>
<td>Capital – 6420</td>
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</tbody>
</table>

**Grand Total**

No deficit spending will be allowed and all accounts shall be held to line item amounts. Funds allocated to a program must be used for the purpose stated in the original request and stay with that program and cannot be used for or allocated/donated to other programs without DASB Senate approval.

_A budgeter’s and an administrator’s signature are required before this form will be considered._

_The Budgeter and Administrator cannot be the same person._

Budgeter’s Name (PRINT)       Budgeter’s Signature       Phone Number       E-mail

Budgeter’s Name (PRINT)       Budgeter’s Signature       Phone Number       E-mail

Administrator’s Name (PRINT)  Administrators Signature    Phone Number       E-mail

_The DASB Finance Code and the DASB Budget Stipulations must be adhered to at all times._

_They are available at [http://www.deanza.edu/dasb/budget](http://www.deanza.edu/dasb/budget)_.

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