ECA Funding Request

ontact Name:		Date of Submission:			
Specifically what materials/supplies does the group need.					
Vendor	Item	Item Quantity	Cost per each	Total Cost	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
			Grand Total	\$	
eel free to use another shee	et of paper if you nee	d more space.			
ow will this money benefit	the students of ECA?				
					



Balance of D6 Organization Account: \$(The organization treasurer should get this information from the Finance/C	Office Manager)
Are you planning on using (check one):	
D6 organization account funds OR Aims funds	
Date Funds are Needed:	
Approved by:	Date:
(Student Body President/VP on behalf of Student Council)	