**University of Toronto Chemistry Club**

Lash Miller Chemical Laboratories

80 St. George Street

Toronto, ON M5S 3H6

chemclub@utoronto.ca



**Funding Request**

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| Please attach a detailed proposed budget and indicate any other sources of funding, if applicable to this form. Requests should be submitted at least 2 weeks in advance for consideration to: |
| **ChemClub President Sam Dudra -------------------------------- (DB472, sam.dudra@mail.utoronto.ca)** |
| **ChemClub Treasurer Matthew Zambri --------------------------- (LM618, matt.zambri@mail.utoronto.ca)** |
| Note that ChemClub is unable to grant all requests and will make selections based on the impact, history, and relevance of the event and organization within the department as per our annual budget. Therefore, please be as specific as possible when completing your request. Turnaround time is 2 weeks from date of submission during regular hours (i.e. not including University holidays/closures). Cheques for approved requests will be dispensed following the submission of paid receipts. |

***Contact Information***

Organization:

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position:

Address:

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office:

***Event Information***

Name of Event:

Date(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location:

Undergrad students Faculty and staff

Grad students Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No of participants: \_\_\_\_\_\_\_\_\_\_\_\_

Please provide a brief description of the event, including how it will benefit the UofT Chemistry community:

If you have received funding from ChemClub for this event in the past, please note approximate dates and amounts:

***Funding Requested***

Total event budget: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Total amount requested:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name to which cheque should be addressed if granted:

(Note that itemized receipts will be requested along with a final budget.)

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Submitted:

**FOR CHEMCLUB USE:** Funding Request Number: **1920-\_\_\_**

Amount Approved:\_\_\_\_\_\_\_\_\_\_\_\_ Approved By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approval Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cheque #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approved By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cheque Issue Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- |
| Proposed budget |
| Item(s) | **Cost** | **Revenue** | **Notes** |
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Please be as detailed as possible