

# Contingency Request

Student Activities Office

Parsons Union Building  
2016-2017

Lock Haven University

ALL requests must be submitted at least **2 weeks** prior to your activity for full consideration.

Club/Organization Name: \_\_\_\_\_

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

Cell Phone Number: \_\_\_\_\_ LHU Email: \_\_\_\_\_

**What type of Contingency are you requesting?**

- New Club-** A newly recognized club/organization is eligible to be approved for up to \$200 per semester during the probationary period.
- General** – For an event or program already in the current budget in which there are insufficient funds.
- Programming-** To plan a campus program not originally in the current club or organization budget.

**Provide a detailed description of your activity, including a cost breakdown budget.**

***Failure to provide a detailed description will result in automatic denial.***

*Use additional paper or back of sheet if necessary.*

**Total Amount Requesting: \$** \_\_\_\_\_

\_\_\_\_\_  
Club President Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Club Treasurer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Club Advisor Signature

\_\_\_\_\_  
Date

**Office Use Only**

**Approved** \_\_\_\_ **Denied** \_\_\_\_

**Club Notified By:**

**Comments:**

<b>Approved</b> ____ <b>Denied</b> ____
<b>Club Notified By:</b>
<b>Comments:</b>