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 orig	ginal and one (1) copy of	f this form a	nd any attachment(s	s) for a total of two (2) sets.					
Name: Grace Lim		Signature & Date: 10/28/2020 E-mail: DASBFinance@fhda.edu							
hone:		E-mail: <u>DASBFinance@fhda.edu</u>							
Froup or department you and ou are required to attend the Datems 1 and 2 below and possibly sequest to be on the Finance	ASB Finance Committee meett titem 3 as well if determined b	by the Chair of	Finance.	nge), to answer any questions for					
☐ GENERAL ITEM (Includes Budget Transfers): Summary of item: (REQUIRED, use additional sheets if necessary)									
NEW OR ADDITION omplete the next two pages as velicitional details and event/progements. OBJECT CODE/Literature.	well when requesting new or a gram descriptions. Incomplete	dditional fundia applications w	ng. Attach additional she vill not be accepted.						
Account Name:									
Account Number:									
From Object Code:	To Object Code:	Requ	ested Amount \$	DASB Use only Approved Amount \$					
Reason for Transfer: (REQ	UIRED, use additional she	ets if necessa	ary)						
The Budgeter and Administrator c	annot be the same person.								
Budgeter's Name (PRINT	Budgeter's Signa	ture	Phone Number	E-mail					
Administrator's Name (Pl	/	ignature Action Taken	Phone Number	E-mail					
		Action Taken (office use only)							
☐ Transfer Approved	d and Forwarded to Student	t Accounts on	Date	_ Transfer Denied					
DASB Chair of Finance	ee Dat	te T	OASB Advisor						

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NEW OR ADDITIONAL FUNDING REQUESTS

1.	Program (Account) Name: <u>DASB Scholarships</u>							
2.	Have you previously received DASB funding for this program	1?						
	No ☐ Yes ☐ DASB Account Number: 41-55118		Year Funded:_	2019				
	3. If yes, amount previously requested for current account	\$_	2000	<u> </u>				
	4. If yes, total amount previously allocated current account	\$_	2000	_				
5.	How long has this program existed?							
6.	Number of students directly served or involved in this program	n:						
P	lease ACCURATELY and THOROUGHLY complete numbers	8 – 1	1 and use additiona	l sheets if necessary.				
7.	List ALL other accounts and/or sources of income (list ALL <u>Account Nur Purposes/Restrictions</u>) also list ALL Co-Sponsorships for the Program; Accounts and amounts will be verified. Failure to disclose <u>ANY</u> and immediate disqualification of your request and/or the freezing of your I	nbers, includ ALL DASB A	Account Names, Account Names, Account le anticipated future sou non-DASB Funding Saccount if already appropriate the statement of the statemen	unt Balances and Account arces and co-sponsorships. Sources will result in the				
BE	Budget Accounts:							
Fur	st Accounts:							
FΗ	DA Foundation Accounts:							
Gra	int Funded Accounts:							
Off	ner District Accounts:							
On	C-Campus/Off-District Accounts:							
Off	Campus Co-Sponsorships:							
	Give a brief description of the program/services to be provided. How will these funds benefit present and future students? DASB scholarship, the Silvia Chalista Memorial Scholarship. a student so that they could reach their academic and personal	d and The a This	how they fulfill the additional funding woney scholarship woney	mission of the college. vill be used for a new uld financially support				
9.	How do you use other funding to support your program? No a funded entirely by DASB.			OASB scholarships are				
10.	What would be the impact if DASB did not completely fund this request? The new scholarship would not exist. One less student leader, who does not get to work directly with DASB, would not be able to receive financial support from DASB.							
11.	How have you been meeting or how do you plan to meet the benefiting from DASB funds allocated to you have paid to Members (DASB Budget Stipulation # 1)? To be eligible for an existing DASB member.	he \$1	0 DA Student Body	y Fee and are DASB				
12	Total amount being requested		\$ 800					

(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.

> 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/

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DASB Object Code/Line Item Information

* Fill out only applicable object codes. *

Object Code Name and Number	Description of Expenses (Please itemize all your expe	Requested Amount (round up to the next whole dollar)	DASB Use Only Approved Amount	
Student Payroll – 2310 Include hours to be worked x pay rate MUST ALSO COMPLETE BENEFITS – 3200				
Benefits – 3200 (1.52 % for Student Employees) MUST BE COMPLETED WHEN REQUESTING PAYROLL				
Supplies – 4010 (Office supplies or as specified in request or stipulations)				
Banners – 4013 (Reusable banners that will last multiple years)				
Food/Refreshments – 4015 (Must adhere to district Administrative Procedure 6331, http://www.boarddocs.com/ca/fhda/Board.nsf/goto?open&id=AKVUKX7C7F98)				
Printing – 4060 (flyers, posters, programs, forms, etc.)				
Technical & Professional Services – 5214 (Consultants/Guest Speakers/Entertainment) maximum \$1,200 per speaker per event maximum \$1,800 per performance				
Scholarship - 5260	Silvia Chalista Memorial	Scholarship		
		Grand Total		
No deficit spending will be allowed and all ac purpose stated in the original request and state DASB Senate approval. A budgeter's and an administrator's and The Budgeter and Administrator can	y with that program and cann	ot be used for or allocate	d/donated to other	
Budgeter's Name (PRINT) Budgeter	geter's Signature	Phone Number	E-mail	
Budgeter's Name (PRINT) Budgeter	geter's Signature	Phone Number	E-mail	
Administrator's Name (PRINT) Administrators Signature		Phone Number	E-mail	

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