

Date Received in SGA Office: _____

Lyceum Speakers Request Form

Return form to SGA office, 218 Coronna Hall. Ph.: 482-2SGA

Organization/Department Requesting Funds: _____

Contact Person _____

Contact Person

Ph.# _____ Building/Office# _____

SPEAKER'S

Name _____ Social Security # _____

Address _____

Event:

Date: _____ Place: _____ Time: _____

Topic of Lecture: _____

How was the Speaker decided on _____

Amount Requested \$ _____ Have any matching funds been secured? Yes ___ No ___

If so, please give amount and from what source these funds have been secured.

Amount: _____

Secured from: _____

PLEASE NOTE:

On a separate sheet, please attach any other pertinent information regarding the event for which funds are being requested (i.e. method of advertising, qualifications of speaker, etc.)

I have read the attached copy of the SGA Lyceum Committee Guidelines, fully understand them, and agree to comply with them.

Signature of Department Head

Signature of Organization Representative

FOR OFFICE USE ONLY

Date of Direct Charge _____

Direct Charge # _____

Direct Charge sent by _____