Outside Funding Form

ONE COPY IS REQUIRED FROM EACH ORGANIZATION/DEPARTMENT PER EVENT NO EXCEPTIONS

If your outside funding situation(s) ever change, you will be responsible to send SAPFB an updated form. Check here if this is an updated form: □

This form is intended to track all sources that are paying for the SAME line items that SAPFB has awarded. (i.e. if ASUH and SAPFB awarded food for the same event, please identify the food funding info from ASUH).

Your Organization/Department:______________________________________________________________

Event Name:______________________________________________________________

1 Did or will your organization/department receive funding from any other sources to help pay for items for this same event? (ex. UH Foundation, other departments)? Please check:

Yes ____ if yes, please continue to step 2.
No ____ if no, please print, sign and date at the bottom of this form.

2 Do you know exactly how much you will use from this additional source? Please check:

Yes, we know ____ If yes, please continue to step 3.
Unsure of amount ____ If unsure, please continue to step 3.
Funds canceled ____ If canceled, please print, sign and date at the bottom.

3 Did or will any of these funding sources pay for the SAME invoices/quotes you are submitting to SAPFB? Please check:

Yes ____ If yes, please continue to step 4.
No ____ If no, please print, sign and date at the bottom.

4 Please format the information below as such:

1. Source(s) 2. Line item(s) 3. Amount(s)/estimate(s) used or might receive
   i.e 1. Dept. of Biology 2. Food 3. $500 for remaining balance on invoice from Da Spot

______________________________________________________________________________
______________________________________________________________________________

WARNING: Falsifying this information could cause forfeiture of current and future awards. By signing below I confirm the information provided is accurate to the best of my and my organization’s knowledge:

Name (print):______________________________________________________________________
Signature: _____________________________________ Date: _____________________________

This form was updated on 8/24/2016