

**BRONX COMMUNITY COLLEGE ASSOCIATION, INC.**  
**BUDGET REQUEST**  
**SUMMARY**

NAME OF ORGANIZATION: \_\_\_\_\_

BUDGET PERIOD:    FY    07/01/ to 06/30/   

1. ADVERTISING AND PROMOTION.....	\$ _____
2. CONTRACTUAL SERVICES.....	_____
3. EQUIPMENT.....	_____
4. FILMS AND FILM RENTAL.....	_____
5. HONORARIA (SPEAKERS, PERFORMERS, BANDS, AWARDS).....	_____
6. PRINTING, POSTAGE, STATIONERY .....	_____
7. REPAIRS AND MAINTENANCE.....	_____
8. TELEPHONE.....	_____
9. STIPENDS (S.G.A. ONLY).....	_____
10. SALARIES.....	_____
11. FRINGE BENEFITS (IF LINE 10 IS BUDGETED).....	_____
12. SUPPLIES.....	_____
13. TRAVEL EXPENSE (HOTELS, MEALS, LOCAL TRAVEL, AUTO MILEAGE).....	_____
14. REFRESHMENTS.....	_____
15. NEW CATEGORY.....	_____
16. NEW CATEGORY.....	_____
17. NEW CATEGORY.....	_____
TOTAL.....	\$ _____

**NOTE:** New categories may be acceptable if they are defined according to function. A "Miscellaneous" category may not exceed 10% of the total budget, or \$200, whichever is less.

SIGNED (PRESIDENT) \_\_\_\_\_ DATE \_\_\_\_\_ SIGNED (TREASURER) \_\_\_\_\_ DATE \_\_\_\_\_

SIGNED (FACULTY ADVISOR) \_\_\_\_\_ DATE \_\_\_\_\_

# BUDGET REQUEST FORM

**NAME OF ORGANIZATION:** \_\_\_\_\_

**1. OFFICERS' NAMES:**

\_\_\_\_\_  
NAME AND TITLE ADDRESS

\_\_\_\_\_  
NAME AND TITLE ADDRESS

\_\_\_\_\_  
NAME AND TITLE ADDRESS

**2. SIZE OF ACTIVE MEMBERSHIP:** \_\_\_\_\_

**3. FREQUENCY OF MEETINGS:** \_\_\_\_\_

**4. FORMAL PURPOSE OF THE ORGANIZATION:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**5. PERIOD OF TIME THE GROUP HAS BEEN IN EXISTENCE:** \_\_\_\_\_

**6. OTHER FUNDING SOURCES (INCLUDING ANTICIPATED ONES):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**7. DEPARTMENTAL CONNECTION:** \_\_\_\_\_

**8. OTHER-THAN-STUDENT ADVISORS:** \_\_\_\_\_

**9. We are familiar with the applicable City University policies and regulations, and will be held responsible for all bills submitted for payment. Furthermore, we realize that BCC Association is responsible for all disbursement requisitions submitted in accordance with CUNY and BCC, Inc. guidelines. Obligations made outside of these procedures are the responsibility of the person who does so without authorization.**

SIGNED (PRESIDENT) \_\_\_\_\_ DATE \_\_\_\_\_ SIGNED (TREASURER) \_\_\_\_\_ DATE \_\_\_\_\_

SIGNED (FACULTY ADVISOR) \_\_\_\_\_ DATE \_\_\_\_\_

# DETAIL OF BUDGET REQUEST

NAME OF ORGANIZATION: \_\_\_\_\_

BUDGET PERIOD: FY \_\_\_\_\_ 07/01/ \_\_\_\_\_ to 06/30/ \_\_\_\_\_

TRANSFERS, (BUDGET MODIFICATIONS) MAY BE MADE ONLY BY THE BUDGET COMMITTEE AND MUST BE APPROVED BY THE COLLEGE ASSOCIATION. CLUBS ONLY, MAY MAKE A MODIFICATION OF A MAXIMUM OF 10 PERCENT OF AN ORIGINAL LINE ITEM WITHOUT APPROVAL OF THE BUDGET COMMITTEE.

LIST BELOW UNDER EACH CATEGORY, AN ITEMIZATION OF PROJECTED EXPENDITURES, DATE, CONTRACTS, ETC. WHERE APPLICABLE.

**1. ADVERTISING AND PROMOTION (CAMPUS MEDIA, OUTSIDE MEDIA)**

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_

TOTAL ADVERTISING AND PROMOTION \$ \_\_\_\_\_

**2. CONTRACTUAL SERVICES (BUS RENTAL, SPACE RENTAL, ROOM SET-UP FEES, SECURITY, EQUIPMENT RENTAL, INSURANCE COVERAGE, MEMBERSHIP FEES)**

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TOTAL CONTRACTUAL SERVICES \$ \_\_\_\_\_

**3. EQUIPMENT (NAME AND MODEL OF EQUIPMENT)**

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TOTAL EQUIPMENT \$ \_\_\_\_\_

**4. FILMS (NAME OF FILM OR TOPIC OF FILM)**

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TOTAL FILMS AND FILM RENTAL \$ \_\_\_\_\_**

**5. HONORARIA (SPEAKERS, PERFORMERS, BANDS, AWARDS)**

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TOTAL HONORARIA \$ \_\_\_\_\_**

**6. PRINTING, POSTAGE, STATIONERY (ITEM AND QUANTITY OF TICKETS,  
POSTAGE, STATIONERY, NEWSLETTERS,  
NOTICES, BOOKS, COPIES, FLYERS,  
SUBSCRIPTIONS, TYPESETTING)**

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TOTAL PRINTING, POSTAGE, STATIONERY \$ \_\_\_\_\_**

**7. REPAIRS AND MAINTENANCE (TYPE OF REPAIR)**

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TOTAL REPAIRS AND MAINTENANCE \$ \_\_\_\_\_**

**8. TELEPHONE (VERIZON, AT&T, ETC.)**

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TOTAL TELEPHONE \$ \_\_\_\_\_**

**9. STIPENDS (NAME, TITLE, AMOUNT)**

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TOTAL STIPENDS \$ \_\_\_\_\_**

**10. SALARIES (NAME, TITLE, AMOUNT)**

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TOTAL SALARIES \$ \_\_\_\_\_**

**11. FRINGE BENEFITS (MUST BE COMPLETED IF SALARIES ARE BUDGETED  
PAYROLL TAXES, INSURANCE, PAYROLL EXPENSES)**

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TOTAL FRINGE BENEFITS \$ \_\_\_\_\_**

**12. SUPPLIES (OFFICE, CLEANING, TYPING, COPY)**

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TOTAL SUPPLIES \$ \_\_\_\_\_**

**13. TRAVEL EXPENSE (DESTINATION AND APPLIED COSTS FOR REGISTRATION,  
FEES, HOTEL ROOMS, MEAL ALLOWANCES, MILEAGE  
REIMBURSEMENT, NUMBER OF PEOPLE ATTENDING)**

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TOTAL TRAVEL EXPENSE \$ \_\_\_\_\_**

**14. REFRESHMENTS (DESCRIPTION OF EVENT AND COST OF FOOD, SET-UP)**

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TOTAL REFRESHMENTS \$ \_\_\_\_\_**

**15. NEW CATEGORY**

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TOTAL \$ \_\_\_\_\_**

**16. NEW CATEGORY**

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TOTAL \$ \_\_\_\_\_**

**17. NEW CATEGORY**

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TOTAL \$ \_\_\_\_\_**

**BRONX COMMUNITY COLLEGE ASSOCIATION, INC.**  
**VOUCHER AUTHORIZATION FORM**  
**FISCAL YEAR \_\_\_\_\_**

**NAME OF ORGANIZATION OR CLUB** \_\_\_\_\_

**President's Name** \_\_\_\_\_ **(signature)**

**President's I.D. No.** \_\_\_\_\_

**President's Home Address** \_\_\_\_\_

**President's Telephone No. Home** \_\_\_\_\_ **Business** \_\_\_\_\_

\_\_\_\_\_

**Treasurer's Name** \_\_\_\_\_ **(signature)**

**Treasurer's I.D. No.** \_\_\_\_\_

**Treasurer's Home Address** \_\_\_\_\_

**Treasurer's Telephone No. Home** \_\_\_\_\_ **Business** \_\_\_\_\_

\_\_\_\_\_

**Faculty Advisor's Name** \_\_\_\_\_ **(signature)**

**Faculty Advisor's Telephone No. Home** \_\_\_\_\_ **Business** \_\_\_\_\_

**NOTE: NO PAYMENTS WILL BE MADE IF THIS FORM IS NOT IN OUR FILES**

# BRONX COMMUNITY COLLEGE ASSOCIATION, INC.

## CERTIFICATION FORM

FISCAL YEAR \_\_\_\_\_

Name of Organization or Club \_\_\_\_\_

This is to Certify that the persons whose signatures appear below hold the offices indicated and are authorized to sign Disbursement Orders, under resolution adopted at a meeting of the Organization \_\_\_\_\_ or Club \_\_\_\_\_ on the \_\_\_\_\_ of \_\_\_\_\_ 20 \_\_\_\_\_

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### Signatures of Officers authorized to sign Disbursement Orders

NAME (PRESIDENT) \_\_\_\_\_ SIGNATURE \_\_\_\_\_ I.D. No. \_\_\_\_\_

NAME (TREASURER) \_\_\_\_\_ SIGNATURE \_\_\_\_\_ I.D. No. \_\_\_\_\_

NAME (FACULTY ADVISOR) \_\_\_\_\_ SIGNATURE \_\_\_\_\_ Tel. Ext # \_\_\_\_\_

**NOTE: NO PAYMENTS WILL BE MADE IF THIS FORM IS NOT IN OUR FILES**