



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER™
EL PASO

Office of Student Services
5001 El Paso Dr, Room 1210
El Paso, TX 79905

By signing this document, I realize that I am obligated to spend our organization's allocation in accordance with the Student Senate Funding Guidelines.

I am also aware that failure to abide by these regulations may result in cancellation of all remaining funds to our organization, as well as our organization assuming full liability for all expenditures past, present, and future; and that our organization will automatically be subject to future funding probation.

(Please Print)

ORGANIZATION

MAILING ADDRESS

ADVISOR(S)/DEPARTMENT(S)

ORGANIZATION PRESIDENT NAME

PRESIDENT SIGNATURE

ORGANIZATION TREASURER NAME

TREASURER SIGNATURE