

**De La Salle University-Manila
Parents of University Students Organization (PUSO)
Funding Request Form**

Date of request			
Name of Organization			
Title of Activity			
Date of Activity		Time of Activity	
Venue of Activity			
Expected number of participants	<input type="checkbox"/> Organization-wide <input type="checkbox"/> College-wide <input type="checkbox"/> University-side <input type="checkbox"/> Others (Please specify)		
Expected beneficiaries			
Objectives of the Activity:			
Justification:			
Details of Request			
Particulars	Quantity	Unit Cost	Total Cost
1.			
2.			
3.			
4.			
Total amount requested			
Note: 1. You may add additional sheets if necessary. 2. Please attach official quote of the items being sponsored.			

Name, Position, Office

**Requested
by:**

		Academic Dean / Dean of Student Affairs
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(To be filled out by PUSO)

Date Received by PUSO

Received by PUSO Official:

	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Board Resolution #	
Amount:		Date of Resolution:	
Details of Check		Check received by:	
		Date received:	