



**California Community Colleges
Student Financial Aid Administrators Association**

2008 Budget Request

Name: _____ Title: _____

Organization: _____ Phone: _____

Address: _____ Fax: _____

City, State, Zip: _____ Email: _____

Committee/Project Name: _____

Purpose of Project: _____

Is the activity expected to generate income? Yes No If yes, amount \$ _____

Requested Budget Items:

Travel:

- Airfare \$ _____
- Personal Auto (_ miles at \$0.505 per mile) \$ _____
- Parking/Tolls \$ _____
- Lodging \$ _____
- Meals \$ _____
- Other: _____ \$ _____

Travel Subtotal: \$ _____

Materials:

- Printing \$ _____
- Postage/Shipping \$ _____
- Other: _____ \$ _____

Materials Subtotal: \$ _____

Other:

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Other Subtotal: \$ _____

Total Requested Budget: \$ _____

Committee Chair Signature

Date