



**Budget Allocation Application (BA)**

**This form is to be filled out BEFORE any purchases are made, including for reimbursement.**

|                      |                        |
|----------------------|------------------------|
| <b>Name:</b>         | <b>Date Requested:</b> |
| <b>Department:</b>   | <b>Date Needed By:</b> |
| <b>Organization:</b> | <b>Email:</b>          |
| <b>Phone</b>         |                        |

Name, date, time, location and brief description of Event:

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| ITEM | DESCRIPTION | QTY | ESTIMATED COST |
|------|-------------|-----|----------------|
|      |             |     |                |
|      |             |     |                |
|      |             |     |                |
|      |             |     |                |
|      |             |     |                |
|      |             |     |                |
|      |             |     |                |
|      |             |     |                |
|      |             |     |                |

Total Cost of Event: \_\_\_\_\_ Estimated Attendance: \_\_\_\_\_

In which way do you want these items purchased:

- Reimbursement
  - For reimbursement to be completed please fill out the Reimbursement Form – General located at [www.na.edu/faculty-staff/human-resources/forms](http://www.na.edu/faculty-staff/human-resources/forms)



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INSPIRATION INNOVATION GLOBAL COMPETENCE

- Purchased through Student Services
- Purchased through Financial Department
  - o Please fill out a Supply Requisition Form and attach it to this document. The form can be found at [www.na.edu/faculty-staff/human-resources/forms](http://www.na.edu/faculty-staff/human-resources/forms)

\*\* SGA & SLC reserves the right to accept or decline funding request at their discretion.

\_\_\_\_\_  
Signature of Representative of Organization      Date

\_\_\_\_\_  
SLC Signature      Date

\_\_\_\_\_  
Dean of Students      Date

**To Be Filled Out By Authorized Personnel:**

VP Signature (if needed): \_\_\_\_\_ **Authorized?**  
Y      or      N

If NOT Authorized, Reason: \_\_\_\_\_

| <b>OFFICE USE ONLY</b>        |              |          |
|-------------------------------|--------------|----------|
| Date ordered:                 | Date Red' d: | PD Init. |
| Ordered Thru:                 | Order #:     |          |
| Requestor's rec' d Signature: |              | Date:    |