



MOORPARK COLLEGE
CLASSIFIED SENATE

Subcommittee Funds Request Form

Committee Name: _____ Amount of Request: _____

Chair/Requestor Name: _____ Date: _____

Purpose of Request: _____

Classified Senate Meeting Approval Date: _____

Amount Approved: _____ Date Funds Allocated: _____

Comments: _____

Supplemental: ☐ Yes ☐ No

****The Funds Request Form is due to the Classified Senate Treasurer 4 business days
prior to the Classified Senate Meeting****