

**Lynchburg College**  
**SGA Senate Budget Committee**  
**Appeal Form**

**Please fill out this form entirely and submit to the Hub of Drysdale Student Center.  
Appeal Forms are due by 4pm. Appeals will be heard by the Senate Budget Committee and the S.G.A.  
vice president will contact organization for meeting time Please submit ORIGINAL BUDGET REQUEST with  
appeal form. Failure to do so, will result in appeal not being heard.**

Organization: \_\_\_\_\_

Date submitted: \_\_\_\_\_

Rationale for appeal: \_\_\_\_\_

\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

Person Completing Form: \_\_\_\_\_

Contact Information: (phone) \_\_\_\_\_ (email) \_\_\_\_\_

I, the listed President of the Organization on this form, hereby agree to all the rules and regulations set forth by SGA and understand that by signing this, I have read and understand the rules:

\_\_\_\_\_  
Signature of President \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_  
PRINT NAME

I, the listed Treasurer of the Organization on this form, hereby agree to all the rules and regulations set forth by SGA and understand that by signing this, I have read and understand the rules:

\_\_\_\_\_  
Signature of Treasurer \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_  
PRINT NAME

I, the Advisor of the organization on this form, have met with the officers to review the budget request and understand that is the responsibility of the organization president and treasurer to abide by the rules and regulations set forth by the SGA.

\_\_\_\_\_  
Signature of Advisor \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_  
PRINT NAME

For SGA use only:  
Budget Appeal Approved:    \_\_\_Y            \_\_\_N            Amount: \_\_\_\_\_