



**LSA BUDGET PLANNING FORM**

This budget is for incidental expenses, receipts need to be submitted (coffee, refreshments, etc.)

**Date:** \_\_\_\_\_

**Name of LSA:** \_\_\_\_\_

**Make cheque payable to:** \_\_\_\_\_

**EXECUTIVE MEMBERS:** There must be an elected executive of at least three members.

- 1. \_\_\_\_\_ **Chair**
- 2. \_\_\_\_\_ **Co-Chair**
- 3. \_\_\_\_\_ **Treasurer**

**MEMBERS:**

_____	_____
_____	_____
_____	_____
_____	_____

**Deadline for receipt of application is October 31<sup>th</sup>.**

**REMEMBER TO KEEP RECEIPTS FOR YOUR YEAR END STATEMENT**