



**Associated Students of Berkeley City College (ASBCC)**  
**2050 Center Street Rm 57, Berkeley, CA 94704**  
**Budget Proposal & Authorization for Expenditure of ASBCC Funds**

Name of Club/Organization:

Event Name:

Date:

**Budget Proposal (to be completed BEFORE event)**

Please type and send form to [bcc-assecretary@peralta.edu](mailto:bcc-assecretary@peralta.edu) & [raniyahjohnson@peralta.edu](mailto:raniyahjohnson@peralta.edu)

Reimbursements

Vendor Payments

*A quote from the vendor must be attached if not requesting a reimbursement.*

ITEM	DESCRIPTION	QUANTITY	UNIT COST	TOTAL
Total amount being requested:				

Add additional sheet of budget breakdown if needed

**STUDENTS: DO NOT FILL OUT BELOW THIS LINE**

Authorization for Expenditures (to be completed by the Office of Campus Life and Student Activities)

Check payable to: \_\_\_\_\_

Reimbursements

Vendor Payments

ASBCC Minutes: Item \_\_\_\_ Section \_\_\_\_

Total amount approved: \$ \_\_\_\_\_

Approved by	Signature	Date signed
ASBCC Vice President		
Director of Campus Life		
College President Designee		