



Umbrella Fund Approval Memo

RSO Information	
Umbrella Name:	
Applying RSO Name:	

Event Information	
Event Title:	
Event Date(s):	

Approved Use	
Item(s) Description:	
Amount Approved (\$):	

Name of Umbrella Officer Officer Position Umbrella Name
 I, _____, _____ of _____,

acknowledge that _____ is approved to use Umbrella Funds as detailed above.
RSO Name

Signature: _____ **Date:** _____