

**Associated Students, Incorporated
California State University, Long Beach**

**College Council
Allocation Summary**

Page _____ of _____

College: _____

Program Name	Organization Name	Amount Requested	Amount Allocated	College Council Vote			Distribution of Funds				Office Use Only				
				For	Against	Abstain	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Accounting Code			New	
											Line	Group	Activity	Account?	
														Y	N
														Y	N
														Y	N
														Y	N
														Y	N
														Y	N
														Y	N
														Y	N
														Y	N
														Y	N
														Y	N
														Y	N
														Y	N
														Y	N
														Y	N
														Y	N
														Y	N
														Y	N
														Y	N
														Y	N
														Y	N
														Y	N
														Y	N
														Y	N
Totals		\$ -	\$ -												

We certify by our signatures below that the above is a true and accurate record of actions taken at the meeting of the abovenamed College Council on _____.

President, College Council Date

Director, Student Life and Development Date

Approved by A.S. Board of Control:

Approved by A.S. Senate:

Treasurer, Associated Students Date

Vice President, Associated Student Date