

Student Leadership Activities, and Service (SLAS) | SLAS: SERVICE CENTER (SC)

SERVICE PROJECT PROPOSAL

Educate | Connect & Collaborate | Establish Relationships

Submit 1-Month in Advance of the Activity Date

Name: _____ Group/BSA: _____ Email: _____ Cell: _____	Service Project: _____ Date: _____ Time: _____ Location: _____ Est. No. of Members: _____
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List Media / Transportation Scheduling Items:	Provide Explanation for Requested Items:
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Description of your Service Project:

Spiritual Goal/s:

Full-time staff member/Advisor who will be present: _____

Proposed Budget Expenses *(Receipts must be legitimate | No Caffeinated Drinks)*

Item <i>(A BSA will be charged for the expenses below)</i>	Total Cost
1. Van/s (Circle one of the following: We will need 1 - 2 - 3 BYUH Van/s)	\$
2. Bus/es (Circle one of the following: We will need 1 - 2 Bus/es)	\$
3.	\$
4.	\$
5.	\$
GRAND TOTAL	\$

Requestor	Date/Sign	Adviser/ Full-timer	Date/Sign	SC Specialist	Date/Sign
SC Supervisor	Date/Sign	SLAS Coordinator	Date/Sign	SLAS Director	Date/Sign

All Professional Receipts must have: Company Name, Date, Listed Items, and Price per Item