



OFFICE OF THE UNIVERSITY SUPREME
 STUDENT COUNCIL FEDERATION
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PROPOSAL FOR USSC ORGANIZATIONAL ASSISTANCE

Name of Organization: _____

Type of Organization: _____

Name of Activity: _____

Date and Time: _____

Venue: _____

Purpose: _____

Target clientele: _____

Expected Attendees/
 People involved: _____

Contribution (If any): _____

Budget*: _____

Bank Account Balance**: _____

Prepared by:

Organization President

Noted by:

Endorsed by:

Adviser

USSO Student Organization In-charge

Adviser

Note: Please make four (4) copies of this form

*Attach budget allocation

**Attach Certification