

Guest House Charges

Honorarium Poster Printing

Total

FUNDING PROPOS	AL				
Name:					
Today's Date:					
•					
Name of Department or Org	anization sponsori	ng this event:			
Proposed Speaker Name:					
Proposal Overview/Summar	ry:				
Date of Proposed Event:					
Proposed Budget:			Proposed Funding:		
Description	Amount]	Department/	Amount	Amount
Travel			Program	Requested	Approved
Meals					