



## Expense Proposal Form

*This form is to be completed and approved prior to all on- and off- campus events and other non-program costs. No expenses will be paid without prior approval of this form.*

Event Name: \_\_\_\_\_ Event Date: \_\_\_\_\_

Event Location: \_\_\_\_\_ Event Time: \_\_\_\_\_

Staff Contact: \_\_\_\_\_ Excepted Attendance: \_\_\_\_\_

Group(constituency): \_\_\_\_\_

Budget Account Number: \_\_\_\_\_

Event type:       Reception                       Lunch                       Dinner

### Event Description

What is needed for your event?

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Design             | <input type="checkbox"/> Security/Set-up/Other General | <input type="checkbox"/> Hotel            |
| <input type="checkbox"/> Printing & Mailing | <input type="checkbox"/> Speciality Items/Incentives   | <input type="checkbox"/> Off-campus venue |
| <input type="checkbox"/> Catering           | <input type="checkbox"/> Other                         |   |

Description of other services needed: \_\_\_\_\_

Please describe the purpose of your event:

What is your budget for this event? \$0.00

Are These Expenses Included in your Budget?

Director of College Relations Initials: \_\_\_\_\_

Additional Remarks:

*Administrative Use Only*

Approved               Additional Input Required               Not Approved

Comments:

\_\_\_\_\_  
Jacqueline Ring, Associate Dean

\_\_\_\_\_  
Date