



BUDGET / SPONSORSHIP REQUEST FORM

REQUESTOR: _____ AMOUNT REQUESTED: _____

SUBMISSION DATE: _____

EVENT / PROGRAM TITLE: _____

EVENT DATE / TIME FRAME: _____

EVENT / PROGRAM DESCRIPTION: _____

BRIEF JUSTIFICATION OF WHY THIS SHOULD BE SUPPORTED BY THE FACULTY OF INFORMATION:

DETAILS OF NON-MONETARY SUPPORT REQUIREMENTS:

Space Requirements:

Equipment / Technical / IT Support Requirements:

Admin / Clerical Support or Other Requirements:

ITEMIZED BUDGET BREAKDOWN:

Description (please use supplementary detail sheet if more space is required):	Amount
_____	_____
_____	_____
_____	_____
TOTAL	\$

Approval Signature:

Name Signature Date

Amount of budget approved: _____

