



2010 Event Proposal/Funds Request Form

Please complete the following form for ASCR Senate consideration at least 30 days prior to event date. Please attach any additional information if necessary.

Event Title: _____ **Event Time/Date:** _____ am/pm

Contact Name: _____ **Phone:** _____

Event Location: _____ **Reservation Completed? Y or N**

Department/Club Name: _____

Description of Request: _____

Total Estimated Event Budget: _____

Amount Requested from ASCR: _____

Date Received: _____ **Vote date:** _____ **Vote Response:** _____
Budget Amount Approved: _____ **Other:** _____