

# Funding Proposal

This form should be turned in at least a month in advance with estimated costs. Actual costs are to be filled in after the event, when receipts are being submitted for reimbursement. Please submit all receipts to the section treasurer.

Chapter/Affinity Group: \_\_\_\_\_

Event Title: \_\_\_\_\_

Speaker Name: \_\_\_\_\_

Date(s): \_\_\_\_\_ Location: \_\_\_\_\_

Vtools Event Link: \_\_\_\_\_

Event Description:

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

Proposed Budget:

Item	Description	Est. Unit Cost	Est. Total Cost	Actual Cost (Filled in after event)
Total event cost				

Checks Payable To: \_\_\_\_\_

Submitter:

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Chapter Chair:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_