

# ASUN DEPARTMENT OF PROGRAMMING EVENT & BUDGET PROPOSAL FORM

## **CONTACT INFORMATION**

Programmer: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Intern: \_\_\_\_\_ Phone: \_\_\_\_\_

## **EVENT INFORMATION**

Event Name: \_\_\_\_\_ Event Date: \_\_\_\_\_  
 Event Synopsis: \_\_\_\_\_  
 Event Location: \_\_\_\_\_ Hours of Event: \_\_\_\_\_  
 Expected Attendance: \_\_\_\_\_ Target Attendance:  Students  General Public  Other \_\_\_\_\_  
 Learning Outcomes:  
 1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_

## **BUDGET INFORMATION** *Please itemize your ENTIRE event budget below:*

DESCRIPTION	AMOUNT	VENDOR
1.	\$	
2.	\$	
3.	\$	
4.	\$	
5.	\$	
6.	\$	
7.	\$	
8.	\$	
9.	\$	
10.	\$	
<b>TOTAL EVENT BUDGET</b>	<b>\$</b>	
<b>TOTAL ASUN REQUEST</b>	<b>\$</b>	