## ASUN DEPARTMENT OF PROGRAMMING

## EVENT & BUDGET PROPOSAL FORM

CONTACT INFORMATION		
Programmer:	Phone:	
Intern:	Phone:	
EVENT INFORMATION		
	Event Date:	
Event Synopsis:		
Event Location:	Hours of Event:	
Expected Attendance: Target Attendance:		
Learning Outcomes: 1.		
2.		
3.		
	11411	
BUDGET INFORMATION Please tiemize your ENTIRE event	buaget below:	
DESCRIPTION  DESCRIPTION	AMOUNT	VENDOR
		VENDOR
DESCRIPTION	AMOUNT	VENDOR
DESCRIPTION  1.	AMOUNT \$	VENDOR
DESCRIPTION  1.  2.	AMOUNT  \$ \$	VENDOR
1. 2. 3.	<b>AMOUNT</b> \$  \$  \$	VENDOR
1. 2. 3. 4.	\$ \$ \$ \$ \$	VENDOR
1. 2. 3. 4. 5.	\$ \$ \$ \$ \$ \$	VENDOR
1. 2. 3. 4. 5.	\$ \$ \$ \$ \$ \$ \$ \$	VENDOR
1.       2.       3.       4.       5.       6.       7.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	VENDOR

TOTAL EVENT BUDGET | \$

TOTAL ASUN REQUEST \$

\$