

## Funding Request http://www.csus.edu/oneworld/:

Note: Please type this document. Handwritten forms will be returned. Forms must be filled, including a proposed budget. Failure to submit a complete form may result in the committee not reviewing your request. If you need help filling out this form, contact Raghu Trichur via email (oneworld@csus.edu)

| Requester's Name & Department/Program/Student Org:_   |  |
|---|--|
| Date of Request: Amount of Funds Requested: Time, Date, & Location of I   | Event:   |
| Briefly describe the event and how it explores the theme C DESCRIPTION AND THE TITLE OF THE EVENT WII   |  |
|   |  |
| What will these funds be used for? Be as specific as possil breakdown attached).  | ble and note how items will be purchased (see budget |
|   |  |
| Who is invited to this event and how will you publicize it Chris Yoakum (c.yoakum@csus.edu) a list of attendees after   |  |
| Who is the admin that will process the payment for this re department/program admin. STUDENTS MUST HAVE to do so may result in denial of reimbursement/payment. | A PROGRAM OR ASI CONTACT LISTED. Failure             |
| Name:   | Contact Information:                                 |
| Are you coordinating funds with another department? Yes: No: If yes, list names of Departments:   |  |
| Are these funds to pay for the speaker? Yes: No:  |  |
| Is payment for this event being coordinated through an ou   | tside vendor (a company not on campus)? Yes: No:     |
| If yes, please list name and address:   |  |

| Are you planning on purchasing items for this event with personal funds to later be reimbursed? Yes: N | ): |
|--|----|
| If yes, please fill the following table:   |    |

| Item | Expected Cost | Vendor |
|------|---------------|--------|
|      |               |        |
|      |               |        |
|      |               |        |
|      |               |        |