**Funding Worksheet**

**Date:**  Click here to enter a date.

**Name of Person or Organization making this request:** Click here to enter text.

**Type or name of request:** Click here to enter text.

|  |  |
| --- | --- |
| Registration Cost:  | $Click here to enter text. |
| Food Cost:  | $Click here to enter text. |
| Marketing Cost:  | $Click here to enter text. |
| Guest Speaker/Presenter: | $Click here to enter text. |
| Conference/Activity Materials: | $Click here to enter text. |
| Media Services: | $Click here to enter text. |
| Décor: | $Click here to enter text. |
| Off-Campus Venue: | $Click here to enter text. |
| Hotel: | $Click here to enter text. |
| Flight(s): | $Click here to enter text. |
| Ground Transportation (include rental vehicle, shuttle, taxi, tolls, etc.): | $Click here to enter text. |
| Miscellaneous: | $Click here to enter text. |
|  |  |
| **Total Expenses:** | $Click here to enter text. |
| Other funding source Name: Click here to enter text. Amount: | **-**$Click here to enter text. |
|  |  |
| **TOTAL AMOUNT TO BE REQUESTED:** | $Click here to enter text. |