

This form is due to the advisor minimum 30 days prior to the event.  
Failure to submit 30 days in advance will result in disapproval of the event.

Today's Date: \_\_\_\_\_

Student Organization Name: \_\_\_\_\_

Name E-board member completing this form: \_\_\_\_\_

Treasurer Name: \_\_\_\_\_

Event title: \_\_\_\_\_ Event date & time: \_\_\_\_\_

Event Location \_\_\_\_\_ Location confirmed? Yes No

Event Budget: \_\_\_\_\_ Budget Approved? Yes No

Brief description of the event/ program (include how the budget will be spent):

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Food at the event? \_\_\_\_\_

Food Menu & Invoice confirmed? Yes No Date: \_\_\_\_\_

List Performer, DJ, Keynote speaker or other vendor contact info: \_\_\_\_\_

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Vendors contacted & confirmed? Yes No

Contract deadline: \_\_\_\_\_ W9 Needed: Yes No

Total Cost for the above: \_\_\_\_\_

Decoration/ supplies items: \_\_\_\_\_

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Cost of decorations/supplies: \_\_\_\_\_

Cash Advance Needed? Yes No If yes, give total amount request: \_\_\_\_\_

Reimbursement needed? Yes No If yes, give total amount request: \_\_\_\_\_

Name of Payee for reimbursements: \_\_\_\_\_

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List all check requests sent to SABO with name & date below (complete this section after meeting with advisor):

Invoiced Food Vendor & Date: \_\_\_\_\_

Contracted Vendor(s)name & check request submission date:

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Reimbursement Payee 1: \_\_\_\_\_

Reimbursement Payee 2: \_\_\_\_\_

Reimbursement Payee 3: \_\_\_\_\_

Additional details: \_\_\_\_\_

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