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.

Total Cost for the above: Decoration/ supplies items: 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: 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: Reimbursement Payee 1: Reimbursement Payee 2: Reimbursement Payee 3:	Treasurer Name:	iipieting thi	s iorm: _		
Event Location Location confirmed? Yes No Budget: Budget Approved? Yes No Brief description of the event/ program (include how the budget will be spent): Food at the event? Food Menu & Invoice confirmed? Yes No Date: List Performer, DJ, Keynote speaker or other vendor contact info: Vendors contacted & confirmed? Yes No Date: Vendors contacted & confirmed? Yes No Total Cost for the above: Vendors contacted be confirmed? Yes No Total Cost for the above: Vendors contacted be confirmed? Yes No If yes, give total amount request: Reimbursement needed? Yes No If yes, give total amount request: Name of Payee for reimbursements: Vendors be confirmed? Yes No If yes, give total amount request: Name of Payee for reimbursements: Vendors be confirmed? Yes No If yes, give total amount request: Name of Payee for reimbursements: Vendors be check request submission date: Contracted Vendor(s)name & check request submission date: Reimbursement Payee 1: Reimbursement Payee 2: Reimbursement Payee 3:	Event title:		Event date & time:		
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Form Updated 8/18/22 by AACC