

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):

Food at the event? Yes No Food Caterer Name: _____

Food Menu & Invoice confirmed? Yes No Date: _____

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

Vendors contacted & confirmed? Yes No

Contract deadline: _____ W9 Needed: Yes No

Total Cost for the above: _____

Decoration/ supplies items:

Decoration/ supplies items cost: _____

Cash advance needed? Yes No Total Cash Advanced requested: _____

Reimbursement needed? Yes No Total Reimbursement requested: _____

Name of Payee for reimbursements:

Check request sent to SABO (add date of submission)

Food Invoiced Vendor _____

Contracted Vendor: _____ Contracted Vendor: _____

Contracted Vendor: _____ Contracted Vendor: _____

Contracted Vendor: _____ Contracted Vendor: _____

Reimbursement Payee 1: _____

Reimbursement Payee 2: _____

Reimbursement Payee 3: _____

Additional details: