

INTERNATIONAL CENTER
EXPENDITURES
ENTERTAINMENT MANAGEMENT FORM

Department: _____

Single Event: Yes _____ No _____ Repeated Event / Frequency _____

Budget to charge: FUND _____ ORG _____ AMOUNT: _____
estimate

Date of Event: _____ On Campus / Off Campus _____
location

Names of attendees: _____

Event purpose: _____

Event description: _____

Requester: _____
Signature Date: _____

Financial Officer's Approval: _____
Signature Date: _____

Executive Director's Approval: _____
Signature Date: _____

Comments: _____

