

**The POGIL Project
Local Networks
Activity Budget Request Form**

Contact Person(s): _____ Today's Date: _____

Phone Number: _____

Email: _____

Name of event/activity funds will be used to support: _____

Date and time of event/activity*: _____

Location: _____

Estimated number of people to benefit from event/activity: _____

In brief detail, describe purpose of event/activity and expected benefit/learning outcome from event/activity:

Itemized Budget:

	Description	Source	Quantity	Cost
1				
2				
3				
4				
5				
6				

Funding Sources:

Detail of what funds are paying for what specific expenses:

*Form due two weeks before the event. Please Let POGIL know if Faciliator is needed ~ 1 month prior to the event.

*Please include Roster of names and email contacts for invited guests

Approved: _____
 YES NO