



Career Events Grant

Projected Expense/Budget Report

Title of Program/Event:	
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Name of Sponsoring Student Organization(s) -- grant proposals from student organizations working collaboratively get priority consideration:

	1
	2
	3

Primary Student Contact Name:

Phone:	Email:
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PROJECTED ADDITIONAL INCOME, IF ANY:	SOURCES OF ADDITIONAL INCOME, IF ANY:	Amount
	(Registration or admission fees are not to be charged to <u>currently enrolled</u> students)	
	1	
	2	
3		
Total Income		

PROJECTED ESTIMATED EXPENSES:	ESTIMATED EXPENSES, IF ANY:	Amount
	1	
	2	
	3	
	4	
	5	
Total Expenses		