

EVENT INFORMATION				
Name of Event				Date of Event
Location of Event				
ATTENDEES INFORMATION				
List of Attendees (Must include	de full name and title for all atte	ndees below or attach list to this fo	orm)	
Name	Title			
Name	Title			
Name	Title			
Name	Title			
Name	Title			
Name	Title			
Name	Title			
Name	nue			
Name	Title			
Number of Attendees:	Average Cost Per Person:	Total Cost:		
JUSTIFICATION				
Purpose of event and purchase	(explanation should explicit	tly describe the benefits to the	university and/or a	auxiliary):
SIGNATURE				
I certify that the following exper specific benefits to the universit Relations Policy and ICSUAM 13	y and/or auxiliary above, and			
Authorized Account Signer		Signature	Date	