

BUDGET FORM for MOOT & CLINICS

Instructions:

1. The form must be completed by the **Faculty Advisor/Coach**
2. Email the completed form to Debbie Cua (cua@allard.ubc.ca) on or before **October 15th**

Event / Activity Name	
Location/Venue	
Date(s) of the Event / Activity	
Faculty Advisor/Coach (name & signature)	

Funding Sources Please Indicate all funding to support this event

Donor/s Name (if applicable)	
Estimated Donation	
Other Funding Sources	
Total Estimated Revenues:	

Estimated Expenses: Please include all costs for this event

Registration Fees	
Air Transportation (standard economy)	
Ground Transportation (Taxis)	
Per diem Meals (\$80/day)	
Accommodation	
Photocopying Costs	
Others (specify)	
Total Estimated Expenses:	

Travelers / Participants (Provide Full names, please indicate if Advisor/Coach or student)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

ALLARD FINANCE USE ONLY			
Total Estimated Budget Amount		Budget Form Received On	
Budget Amount confirmed		Donor Invoicing Required (Y/N)	
Reviewed/Approved by:		Date Approved:	
Worktag:			
Reviewer/Approver's comments (if any)			