

Budget Template Application Form for Funding Requests for the Brooks College interdisciplinary Salon

Expense	Purpose	Amount
	Total cost of events	
	Total cost of event:	
	Matching funds from Unit/Department/Program:	
Matching F	unds from secondary Unit/Department/Program (if applicable):	
	Total funding amount requested:	
	Signature of unit head or program director:	
	Signature of unit head of program director.	
	Signature of secondary unit head or program director (if appli	cable):
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