**Organization Name**: Click or tap here to enter text.

**Primary Financial Contact Name**: Click or tap here to enter text.

**Primary Financial Contact Email**: Click or tap here to enter text.

**Date of Event**: Click or tap to enter a date.

**Time of Event**: Click or tap here to enter text.

**Title of Event:** Click or tap here to enter text.

[Please review your current budget for this fiscal year](https://drive.google.com/drive/folders/1dAmtNiG5zOCON8xwqRhKWZQ1dbXzOp-k?usp=sharing).

After reviewing, please indicate the exact program and budget line you want these funds to come from:

**Program Name Directly from Budget**: Click or tap here to enter text.

**Budget Line(s) Directly from Program Budget**:

|  |  |  |  |
| --- | --- | --- | --- |
| **Expense Category (ex: Supplies, Honoraria, Food/Beverage, etc)** | **Total Amount in Budget Line** | **Amount to be Expensed for Event** | **Remaining Balance** |
|  |  |  | $ 0.00 |
|  |  |  | $ 0.00 |
|  |  |  | $ 0.00 |
|  |  |  | $ 0.00 |
|  |  |  | $ 0.00 |
|  |  |  | $ 0.00 |

* You might not need to use every single line in the table, just leave blank any unused/empty lines.
* The Remaining Balance will auto-calculate your remaining balance.
* If you need to add additional rows, please contact the ASM Funding Advisor.

**Justification for Event**

Please describe the event in as much detail as possible to include how you will logistically put on the event, why the expenses above are necessary, how the expenses will be used, as well as any relevant purchasing details you may have:

Click or tap here to enter text.

**Mission Relation**

Please describe how this event relates to your mission as an organization (your mission as submitted to ASM and in your governing documents submitted to the Center for Leadership and Involvement):

Click or tap here to enter text.

**Agenda for Event**

Please provide an agenda of the event to include time blocks of when various aspects of the program will happen:

Click or tap here to enter text.

**Budget Alteration**

[ ] This program requires a budget alteration

[ ] This budget alteration was submitted at least three weeks in advance of the event date

[ ] This budget alteration has been approved by the SSFC Chair and confirmed via email

Please provide any additional details regarding any budget alterations for this event:

Click or tap here to enter text.

**Co-Sponsorship**

[ ] This program is being co-sponsored with another organization/department

[ ] A fully completed co-sponsorship form has been or will be submitted with this justification form

Please provide a list of any and all co-sponsors of the event:

Click or tap here to enter text.

**Flyers and Advertisements**

Please include either as inserted images to this document or as separate attachments when emailing this justification form any flyers and advertisements for this event.

* Any advertisements and flyers must include the [ASM Logo and Disclaimer](https://asm.wisc.edu/asm-logo-disclaimer/).