



FUNDING REQUEST FORM FOR ACADEMIC ACTIVITIES

To: _____
From: Name _____ **Membership #:** _____
Subject: _____

ABOUT THE ACTIVITY

Name: _____
Place: _____ **Date:** _____
Detailed Description: (include purpose, targeted audience and estimated # of attendees)

PROPOSED BUDGET

Revenues and expenses by type (include different solicited price quotes):

Funds from other sources whether accorded, pending or denied:

MEMBER DETAILS

Name & Membership #: _____
Position in organization: _____
Email: _____ **Phone:** _____
Date: _____ **Signature:** _____

OFFICIAL USE ONLY:

Approved by President: Yes: No: Date: _____
Approved by PSNM EC: Yes: No: Date: _____
Amount of fund PSNM will give to support the activity: Rs. _____

Signatures: President General Secretary Finance Secretary