



# NNLAMS – La RaMA

University of Illinois at Chicago College of Medicine's Chapter of the National Network of Latin American Students  
– La Raza Medical Student Association

2005-2006 - BUDGET APPROVAL FORM

### Treasurer's Note:

The sole purpose of this form is to contribute to an effort to keep a more complete and detailed records of the events NNLAMS-La RaMA funds. This Budget Approval Form is to be completed by those organizing an event if they wish the opportunity to request for additional funding beyond the budget offered to them by the Treasurer and other concerned board members. All information will be recorded here and kept in a file to be used as a reference to future NNLAMS La RaMA exec. Boards. **Thank you! Please turn in this completed form directly to the Treasurer.**

NOTE: **Please wait up to three days after submitting this form to receive a response.**

EVENT TITLE: \_\_\_\_\_

Event Directors' Names: \_\_\_\_\_

Primary Contact's: Email: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ cell or land-line?

BRIEFLY DESCRIBE EVENT: \_\_\_\_\_

DATE & TIME OF EVENT: (mm/dd/yy) \_\_\_\_/\_\_\_\_/\_\_\_\_, \_\_\_\_:\_\_\_\_ am/pm, (circle one) Mon. Tues. Wed. Thu. Fri. Sat. Sun.

EVENT LOCATION: \_\_\_\_\_

Collaborators (circle all that apply): NONE HCOE UHP SNMA AMSA Other: \_\_\_\_\_

### I. PROMOTION

Who is the intended audience of your event?: (circle all that apply) :

None | General Public | Med Students | Med Faculty/Staff | La RaMA members | Other: \_\_\_\_\_

How would you promote this event?: (circle those that apply specifically. Example: circle M1 or M2 **OR** M1 and M2 listservs)

M1, M2, M3, M4 Medclass Listservs | Verbal Announcements | Rm221/421 Chalkboards | Banners/Posters | Other: \_\_\_\_\_

When do you intend to start promoting? (measured in time before event date. Fill in blank.) :

\_\_ month(s) before | \_\_ week(s) before | \_\_ day(s) before | \_\_ hours before

### II. ATTENDANCE

Prospective Attendance (# of people)? : \_\_\_\_\_

Charge per person? \$\_\_\_\_\_.\_\_\_\_\_ <or> NONE

### III. FOOD AND REFRESHMENTS

Do you plan to serve food / refreshments? YES, if applicable, caterer name is \_\_\_\_\_ <or> NO

If food/refreshments are to be served, complete the following:

ITEM	WHERE WILL YOU PURCHASE	AMT TO BE PURCHASED	COST Per	Treasurer's use only "TOTAL"
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				

