

Date of Request

SIU SCHOOL OF LAW
RSO EVENT, FUNDING AND REFRESHMENTS PRE-AUTHORIZATION

(PLEASE SUBMIT REQUEST OF PROPOSED EVENT TO DEAN RAY AND MICHELE TOURVILLE)

Name of RSO _____

Contact Person _____ SIU email _____

Signature of contact person: _____ Phone _____

How will **YOU** publicize this event? _____ flyers _____ TWEN _____ Facebook

Event Date _____ **Begin Time** _____ **End Time** _____ **Location** _____

Description: (member meeting, lecture, luncheon, etc.) (**Include Event or Program Title**)

Will there be an outside speaker? If so name of speaker and attach brief bio:

Will you need AV assistance? ___ Yes ___ No **If so, what type?** _____

TYPE & NUMBER of guests expected. _____ Students _____ Faculty _____ Staff _____ Visitors

Do you have funds in your RSO's private account to cover these expenses? ___ Yes ___ No

Estimated Budget _____ RSO account balance _____

Food Requested? ___ Yes ___ No Cristaudo's _____ Fazoli's _____ McAlister's _____

Panera _____ Primo's _____ Quatro's _____ Schnucks _____ Whiffle Boys _____ Other _____

Water/Tea/Lemonade/Soda requested? ___ Yes ___ No **A \$10 minimum charge will be assessed for each event where beverages are requested. There will be an "up charge" for an amount to be determined for "extra" participants.**

Law Student Services Approval _____ Budget Purpose # _____

Date _____