

Event Planning Form

To: _____

Primary Event Contact: _____

ACGME Line Item (title and line number, if available):

ACGME Budget Amount: \$ _____

Estimated Expenses and Associated Cost (please list):

(1) _____ (3) _____

(2) _____ (4) _____

Description of Event (please include event title as listed in the "Non-Salary Budget" if possible):

Personal Guests: Yes No

Reimbursements to be submitted: Yes No

If Yes, please indicate the names of those who will incur expenses and seek reimbursement (if known):

(1) _____

(2) _____
