

<b>UNIVERSITI TUNKU ABDUL RAHMAN</b>			
Form Title: <b>APPLICATION FOR CCS EVENT BUDGET</b>			
Form Number: <b>FM-ICS-CCS-BG-001</b>	Rev. No.: <b>2</b>	Effective Date: <b>12/04/2017</b>	Page No.: <b>1 of 1</b>

**DETAILS OF EVENT**

<b>Name of Event</b> :	
<b>Date</b> :	
<b>Time</b> :	
<b>Venue</b> :	
<b>Speaker</b> :	<i>(Please attach a brief introduction / CV of speaker with this application form)</i>
<b>Organiser</b> :	
<b>Co-Organiser</b> :	

**BUDGET FOR EVENT**

Descriptions	RM
MEAL(S): LUNCH/REFRESHMENT/DINNER	
POSTER	
TRANSPORTATION	
OTHERS <i>(Please specify)</i>	
<b>TOTAL (Vote Account to be billed: )</b>	

*(If space provided is insufficient, please attach additional items on another A4 size paper)*

**Applied by,**

**Supported by,**

**Recommended by,**

\_\_\_\_\_  
Name:

Date:

\_\_\_\_\_  
**CCS Unit Head**

Name:

Date:

\_\_\_\_\_  
**CCS Chairperson**

Name:

Date:

**Noted by,**

**Checked by,**

**Approved by,**

\_\_\_\_\_  
**Institute Dean**

Name:

Date:

\_\_\_\_\_  
**Staff in-charged, IPSR**

Name:

Date:

\_\_\_\_\_  
**Director, IPSR**

Name:

Date: