INSTITUTE OF CHINESE STUDIES			
Form Title: **APPLICATION FOR INSTITUTE EVENT BUDGET**			
Form Number: **FM-ICS-EV-001**	Rev. No.: **3**	Effective Date: **8.8.2018**	Page No.: **1 of 1**

DETAILS OF EVENT

Name of Event	**:**	
Date	**:**	
Time	**:**	
Venue	**:**	
Organiser	**:**	
Co-Organiser	**:**	

BUDGET FOR EVENT

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

Note: Please include your proposal and event budget with this application form.

Applied by,

Name:
Date:

Supported by,

Head of Department
Name:
Date:

Recommended by,

Institute Dean
Name:
Date:

Checked by,

Staff in-charged, IPSR
Name:
Date:

Approved by,

Director, IPSR
Name:
Date: