## **Student Service Learning Project: Budget Proposal**

Name of Proposed Project:		
Name of Facility/Agency/Community Partner:		
Event Date:		
Event Time:		
Estimate of Total Time to Provide Service/Complete	e Project:	
Head Count (Estimate of the number of people who	o would benefit from this project):	
Event Description:		
Student Contact Information (name/phone/email/address):		
Projected Budget:		
Propose	d Budget	
Expense Type	Total Cost	

<u>Summary Report (One Paragraph) – To be turned in with reimbursement receipts NO LATER THAN TWO WEEKS AFTER THE PROJECT:</u>

Total

	For Office Use Only	
Approved By/Date:	Amount Granted:	Budget #: