

Cooperative Sponsorship Committee Request for Funds

Primary Sponsoring Department

Your Name

Your phone number

Your e-mail

Name of Speaker

Speaker's Affiliation

Dates of Visit - From

Date of Visit - To

Date of Event

Event Title

Estimated Budget

Lodging

Meals

Travel

Honorarium

Total Costs

CSC Requested
Amount

Department
One Name and
amount

Chair's
signature

Department Two
Name and
amount

Chair's
Signature

Please email completed forms to glenn.dorsam@ndsu.edu for committee review. You will be contacted when your request has been received. Please allow 1 week for committee review.