



STEM ACTIVITY EXPENDITURE REQUEST APPROVAL FORM

Name of Event:

Date /Time of Event:

Event Location:

Event Leader(s):

Number of Participating Teachers and Names (if known):

Approximate Number of Participating Students (if applicable):

Potential Number of Students Impacted by Activity:

Student Grade Levels:

Community Participation:

PLEASE ATTACH AN OUTLINE OF PLANNED ACTIVITIES AND
A PROPOSED BUDGET

This sheet is to be returned to the Pott College of Science and Engineering Office (SC2206) or emailed to sgordon@usi.edu for approval before STEM activities are advertised or conducted. The event leader agrees to provide any and all handouts, schedules, deliverables, etc to the Pott College Office and will follow all applicable guidelines as outlined at: <http://www.usi.edu/science/Workshop%20Guidelines.pdf>

For Official Use Only:

Approval _____ Date _____ Signature _____