



Office of Student Services

Penn Nursing Student Organizations Annual Budget

Name of Organization: _____

President: _____

Treasurer: _____

Faculty Advisor: _____

Contact Name and Email: _____

Fall and Spring Semesters

Please insert more lines as necessary.

Meetings:

Date	Time	# of ppl/preferred room	A/V Requests
1.			
2			
3.			
4			
5.			

Meeting Budget:

Item (e.g. – Meeting #1 Pizza; Office Supplies)	Budget
	TOTAL:

Events:

Name of Event	Event Description/ Activities	Event Location	Event Date and Time
1.			
2.			
3.			
4.			

Events Budget:

Items	Budget
	TOTAL:

Total costs (Fall & Spring): _____

****** Please have this form filled out and returned to Student Services by May 1st ******