

[NAME OF EVENT]
Approval Request

Event Description:			
Event Objective:			
Event Owner	Name:		
	Mob. Number:		
Event Details:	Date:	Time:	Venue:
Hosting Entity	School:		
	Deanship:		
	Department:		
Internal Partners at GJU "to be filled if the event is Joint"			
External Partner "to be filled if there is any External Partners"			
The Event is Funded by	GJU	Project	Sponsors
Overall costs			
No. of People			
Catering required: Yes/No	<input type="radio"/> Coffee Break ----- Persons <input type="radio"/> Lunch ----- Persons <input type="radio"/> Light Lunch ----- Persons		Catering Venue:
Patronage Involvement	Yes/No	The request has been sent by:	
If yes: "to be filled "	Institution Name:		
	Patronage Name:		
	Contact Info:		
PR & Media	Yes/No	Photography	Yes/No
VIPs Attending	Yes/No	If yes: details	
Presidency Department "Attendance of the President or Vice-Presidents required"			

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President's Approval	Yes/No	Signature:
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