

Working Group Budget

Name of Working Group: _____

Principal Contact: _____

Email: _____

Phone: _____

Anticipated meeting date(s): _____

of participants: _____

of meeting days: _____
(either full or half days)

Participant names:

Stipends: \$ _____ (# of faculty X \$200 X # of days)

Food: \$ _____ (# of faculty X \$10*)

Total requested: \$ _____

Total approved: \$ _____

(*The budget will cover food for each full day meeting at \$10/person.)