# TABLE TALK FORM

Date Submitted: __________________________________________________________

Name (please print): ______________________________________________________

Phone #: ________________________________________________________________

Position:  
Professor ___  SPF ___  Visiting ___  Adjunct ___  T A ___

Department:  
Course Number:  
Section Number:  
________________________  ________________  ___________________

Date of event:  

Number of students in course(s):  

Number of students attending the event:  

Where was the event held?  

Briefly describe the event:  

________________________________________________________________________

List Receipts:  

Subsidy amount requested:  

<table>
<thead>
<tr>
<th>Date</th>
<th>Amount</th>
<th>Approved</th>
<th>Initials</th>
</tr>
</thead>
</table>

DO NOT WRITE BELOW THIS LINE

Revised: 7/2009