CSMSC Committee Planning Form

Date of Application_____

COMMITTEE TITLE _____

COMMITTEE CHAIRPERSON _____

COMMITTEE MEMBERS _____

_____

DESCRIBE DUTIES/OBJECTIVES DATE(S) OF EVENT_____

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BUDGET ESTIMATE (If needed)
Please submit a budget with description and amount estimated broken down. Please keep track of actual expenses and return your copy of this form upon completion of committee assignment.

Description	**Estimated Cost**	**Actual Cost**
Totals		

For Use by Board of Directors

DOLLAR AMOUNT APPROVED _____

CHAIRPERSON REPORTS TO_____

TIME LINE: Duration of committee assignment_____

Revised 4/09 D Felder