



Activity Budget Proposal/Expense Report

Use step 1 for budget projection and step 2 (next page) for actual expenses for any activity requiring MiALA funding

To submit step 1 using the online form, go to:

<https://www.memberleap.com/members/form.php?orgcode=MALA&fid=1915775>

Helpful information to know before submitting your form online

Form Instructions

To receive initial program approval, Section/IG chairs send copy of page 1 to the Vice-President/President-Elect
Once program is approved, VP/PE sends copy of page 1 to submitter and copy to Treasurer & fiscal agent

After program, submitter needs to send copy of page 2 updated with actual expenses to Treasurer & fiscal agent

Submitted by: _____ Date requested: _____
Section/Interest Group name (if applicable): _____
Title of event: _____
Description of event: _____

Proposed date: _____ Proposed location: _____
Number of participants expected: _____

Expenses to consider

- Speaker Expenses
- Honoraria
- Printing/Copying
- Supplies
- Facilities
- Refreshments/Meals
- Equipment Rental
- Network Charges
- Refunds
- Other

For programs, please indicate proposed registration fee: Members: _____ Non-Members: _____

VP/PE Initial for program approval: _____ denial: _____ Date: _____

Reason for denial: _____

For approved programs, proceed to page 2



Post-Activity Expense Report (Page 2)

Submitted by: _____ Date approved: _____

Section/Interest Group name (if applicable): _____

Title of event: _____

Date/Location: _____

| INCOME | | | |
|---------------------|----------|--------|-------|
| | PROPOSED | ACTUAL | NOTES |
| Donations | | | |
| Grant Funding | | | |
| Registrations | | | |
| Cancellation Fee | | | |
| Other | | | |
| TOTAL INCOME | | | |

| EXPENSES | | | |
|-----------------------|----------|--------|-------|
| | PROPOSED | ACTUAL | NOTES |
| Speaker Expenses | | | |
| Honoraria | | | |
| Printing/Copying | | | |
| Supplies | | | |
| Facilities | | | |
| Refreshments/Meals | | | |
| Equipment Rental | | | |
| Network Charges | | | |
| Refunds | | | |
| Other | | | |
| TOTAL EXPENSES | | | |

| | | |
|---------------------------|--|--|
| NET INCOME/EXPENSE | | |
|---------------------------|--|--|

For programs, please indicate:

Registration fee: Members: _____ Registration fee: Non-members: _____ Total # Participants: _____

Send to Treasurer & fiscal agent, along with MiALA Expense Reimbursement Forms (if applicable) and include all receipts and invoices.