



# FACULTY OF EDUCATION

## Hosting Justification Form

(Please Print or Type)

Host: \_\_\_\_\_ Email/Phone: \_\_\_\_\_

Date of the Event: \_\_\_\_\_ Location of the Event: \_\_\_\_\_

Vendor: \_\_\_\_\_

Purpose of the Event: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

	Name of Attendee	Internal	External	Affiliation
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

Total Cost: \$ \_\_\_\_\_

FOAPAL: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Dean's Approval: \_\_\_\_\_ Date: \_\_\_\_\_