



Oregon Humanities Center

PUBLIC PROGRAM CO-SPONSORSHIP REQUEST

Requested by: _____ Date: _____

Department/Organization: _____

Contact phone: _____ e-mail: _____

Department accounting clerk: _____

Accounting clerk phone: _____ e-mail: _____

EVENT INFORMATION

Program/presenter: _____

Affiliation: _____

Title: _____

Date: _____ Time: _____ Location: _____

Brief description of event or guest to justify support: _____

Total budget estimate: _____

Other co-sponsors: _____

Amount requested from the Oregon Humanities Center: _____

OHC OFFICE USE ONLY

Approved by: _____

Date: _____

Index: _____

Account: _____

24750=sharing of expenses

JV date: _____

BC date: _____

for ICC to ICC accounts

Send copy to department.