

TechASM Publishing Fund Request Form (2019-2020)

Name: _____

Journal Title: _____

Article Title: _____

Volume/Issue #: _____ Date submitted: _____

Has it been accepted? Yes No If accepted, publishing date: _____

Are you a paid ASM member? Yes No Write ASM member #: _____

Required service hours complete? Yes No Required meeting attendance: Yes No

Reasons for not having completed hours/meetings? _____

ESTIMATED COSTS (Please write below):

TOTAL COST OF PUBLISHING: _____

Are you requesting any funding from any other sources (i.e. Graduate School, Biology Department)? If so please list these source(s) and amount(s) requested below:

Additional Funding Source	Amount requested	Amount received

Total Amount of Request from TechASM: _____

Signature of Individual requesting funds from TechASM:

_____ Date: _____ Contact Email: _____

Total Amount given from TechASM: _____

ASM President Approval Signature
Taylor Lenzmeier

Date

ASM Treasurer Approval Signature
Anisha Navlekar

Date

ASM Faculty Advisor Approval Signature
Dr. Randall Jeter

Date