TechASM Publishing Fund Request Form

Name:				
Journal Title:				
Article Title:				
Volume/Issue #:	Date submitted:			
Has it been accepted? ☐ Yes ☐ No		If accepted, publishing date:		
Paid ASM member: ☐ Yes ☐ No	ASM member #:			
Required service hours completed: Yes	Required meetings attended: ☐ Yes ☐ No			
Reason(s) for not completing hours/meet	ings, if v	alid?		
TOTAL COST OF PUBLISHING: Are you requesting any funding from any list these source(s) and amount(s) request			Department)?	If so, please
Additional Funding Source		Amount requested	Amount i	eceived
Total Amount of Request from TechASM:				
		Email:		
Individual's signatures	Date	_		
	to	be filled by TechASM officers		
Total Amount given from TechASM:				
ASM President Approval Signature	 Date	ASM Treasurer Approval	ASM Treasurer Approval Signature Date	
ASM Faculty Advisor Approval Signature	Date	-		

Receipts or copies of receipts must be given with this form for ANY REIMBURESMENT.

The application will be processed within 2-5 business days after which you can collect a PO from the Biology Main Office.