

Peter A. Allard School of Law Competitive Moot Form

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In	etri	ıcti	n	c.

- 1) Complete the information below
- 2) Sign and return the form to Finance Specialist in Rm 258 on or before November 30, 2019.

Name and Location of N	Moot Competition:					
Name and Location of Associated	d Moot (if applicable):					
Da	te of Competition:					
	Advisor(s):					
*please include student names a	nd student numbers					
Travelers: 1)		Estimated Budget				
[including coach(es)]		Estimated Revenue from Donor				
3)		Estimated Other Revenues				
		Estimated Expenses				
· ·		Registration Fees				
		Airline/Ground Transportation				
		Meals				
8)		Accommodation				
Donors: 1)		Photocopying				
		Others				
		Total Estimated Expenses				
,						
Signed:	Signed:					
	Advisor					
For Finance purposes only:						
Total cost of competition:	\$					
Expenses charged to PG:	\$					
Invoice #:						
Invoice Date:						
Payment Received:	\$					