



EC Submission Date: _____

CAEP Executive Committee Voting Template

| Please check one: | |
|---------------------|--------------------------|
| Voting Item: | <input type="checkbox"/> |
| Informational Item: | <input type="checkbox"/> |

Please fill out the information below

ITEM:

ADVISORY GROUP:

ACTIVITY:

ADV GROUP LEADER(S):

BUDGET # (From):

BUDGET # (Moving To):

Does it impact the existing budget?

YES:

NO:

(Please include the account and total amount)

If yes, please explain:

Explanation/Justification:

Requestor's Signature: _____ Date: _____

CAEP Director's Signature: _____ Date: _____