



FOR OFFICIAL USE ONLY:

FEE CODE: _____

CHANGE FUND: _____ AMOUNT: _____

**Fundraising Request Form
Student Programs and Leadership Development Office**

This form **MUST** be completed with all necessary signatures and submitted to the Director of Student Programs and Leadership Development office **AT LEAST THREE WEEKS** prior to the start of your fundraising campaign.

Club/Organization Information

Club/Organization Name: _____ **Account #: 522-264-** _____

Student Contact/Title in Club: _____ **Contact:** _____

Advisor Name: _____ **Contact:** _____

Event/Fundraiser Information

Event Title: _____ **Location:** _____

Start Date & Time: _____ **End Date & Time:** _____

Description of Event: _____

Ticket/Item cost: General Public: \$ _____ **Faculty/Staff: \$** _____ **Student: \$** _____

Financial Information

Estimated Income: _____ **- Estimated Expenses:** _____ **= Estimated Profit:** _____

Will you need petty cash and a cash box to start your event? _____ **How much?** _____

What will club do with any profits generated? _____

How will this fundraising activity be tracked/recorded? _____

Club President Signature: _____ **Date:** _____

Club Advisor Signature: _____ **Date:** _____

Program Coordinator, SPLD: _____ **Date:** _____

Dean, Student Dev Svcs*: _____ **Date:** _____

Director, Business Svcs: _____ **Date:** _____

After the event information

Final Income: _____ **- Final Expenses:** _____ **= Profit:** _____

*Only if anticipated loss is over \$500.00