



AUTHORIZATION FOR STUDENT ACTIVITY FUNDRAISING EVENT

Activity Name: _____

Department: _____

Description of Fundraising Event (Who, What, When & Where): _____

Budget Information:

1) Where are funds coming from for supplies? _____

2) What college resources will you be using? _____

3) What is the purpose of the fundraising event? _____

4) How will the funds raised be handled (how will they be deposited and distributed)?

Submitted by: _____

Employee Signature

Emp. #

Date: _____

Approved by: _____

Supervisor

Date: _____

Approved by: _____

Administrator

Date: _____

Approved by: _____

Chief Financial Officer

Date: _____

BUSINESS OFFICE USE ONLY

ACCOUNT #: ____ - ____ - ____ - ____ - ____ - ____ - ____

ACCOUNT NAME: _____

RECEIPT CODE: _____