



# FUNDRAISING EVENT REQUEST FORM

v. 2.4

**Note: Submit this form to University Advancement at least 4 weeks prior to any fundraising activities**

Name of Event: \_\_\_\_\_ Proposed Date(s): \_\_\_\_\_

Event Location: \_\_\_\_\_  
Proposed Budgeted Revenues \_\_\_\_\_  
Proposed Budgeted Expenses \_\_\_\_\_  
Proposed Net Proceeds \_\_\_\_\_

Purpose of Event: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimated # of Participants: \_\_\_\_\_ Participant fee, if applicable: \_\_\_\_\_

Describe and list any potential sponsors (gift sponsorships or advertising sponsorships) and their expected participation:

Proposed Sponsor and Expected Participation:	Proposed Amount of Sponsorship:
_____	_____
_____	_____
_____	_____
_____	_____

What SOCMP fund will be used? \_\_\_\_\_  Don't Know Will students participate in event?  Yes  No

Will alcohol be served?  Yes  No  SSE liquor license (contact [CES](#))  External entity's liquor license Rental of SSU facilities needed? If yes, contact [CES](#).  Yes  No

Is an auction or raffle planned? \_\_\_\_\_  
(If so, please describe) \_\_\_\_\_  
\_\_\_\_\_

Will consignment items be sold at event?  Yes  No If yes, contact Contracts and Procurement Office

Will volunteers participate in event?  Yes  No If yes, follow guidelines from the [Volunteers](#) section on the [Employee Services](#) webpage.

What types of payment methods will be accepted?  Cash  Check  Credit Card

\_\_\_\_\_  
Event Contact Name Department/Unit Phone # Email



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Chartfield Account	Chartfield Description	Budgeted Amount	Notes
<b>Revenues</b>			
<b>Subtotal Revenues</b>			
<b>Expenses</b>			
<b>Subtotal Expenses</b>			
<b>Net Projected Income</b>			

Additional Notes or Comments on Proposed Budget:

**Signature Approvals:**

\_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
Dean/Sr. Director

\_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
VP, University Advancement

\_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
University Controller

**Financial Services Use Only:** Fund ID: \_\_\_\_\_ Project ID: \_\_\_\_\_