



Fundraising Authorization

NAME OF DEPARTMENT/ORGANIZATION FUNDRAISING: _____

TYPE OF FUNDRAISING ACTIVITY: (Describe) _____

FUNDRAISING PURPOSE: (Describe) _____

STATEMENT AS TO THE COLLEGE'S NEED FOR THE ITEM: (Describe) _____

PERIOD OF FUNDRAISING ACTIVITY: Begins: ___/___/___ Ends: ___/___/___ Other: ___/___/___

HOW WILL FUNDS BE COLLECTED (Choose all that apply): **CASH** _____ **CHECK** _____ **CREDIT CARD** _____
Credit Card payments would be processed at Cashiers and Online (Market Place).

WILL THIS BE A TICKET EVENT: YES _____ NO _____ WILL SALES TAX BE COLLECTED: YES _____ NO _____

PROJECTED AMOUNT TO BE RAISED	SOLICITATION	NAME SOURCES OF EXTERNAL DONORS
\$ _____	<input type="checkbox"/> Internal	1.
	<input type="checkbox"/> External	2.
	<input type="checkbox"/> Both (internal and external)	3.

Fundraising request for Approval and acknowledgment of compliance with Fundraising Procedures and Cash Handling Procedures, if applicable, (located at Business Office web page):

_____ X _____
 Print Name of Fundraiser Coordinator Signature of Fundraiser Coordinator Date

Name of Employee responsible for preparation and custody of financial records:

_____ X _____
 Print Name of Employee Signature of Employee Date



_____/_____
 Approved Disapproved Finance Manager (Print Name/Signature) Date

_____/_____
 Approved Disapproved Vice President of _____ Date
 (Print Name/Signature)

_____/_____
 Approved Disapproved President Date