Event/Fundraiser Request Form

Event #_____________

This form is required for any fundraiser conducted by a student, staff member or activity group. Please complete this form and submit it to the Treasurer’s office PRIOR to any activity associated with the fundraiser (please allow at least one week). The Treasurer’s office will assign an event number, which MUST appear on all requisitions and deposits pertaining to this event. After approval, a copy of the form will be returned for you. At the conclusion of the event, complete Event Reconciliation Form page 2.

Fundraiser Start Date:_____________  End Date:_____________

School:________________________________________

Club/Group:____________________________________

Advisor:________________________________________

Event description:________________________________

________________________________________________

Proceeds donated to:________________________________

_______________________________________________________________________________

<table>
<thead>
<tr>
<th>Price per unit to sell</th>
<th>x</th>
<th>Projected number of units to sell</th>
<th>= projected sales</th>
<th>- estimated costs</th>
<th>= potential profit</th>
</tr>
</thead>
</table>

Requested By:________________________________________

Sponsor/Advisor Signature

Date__________________

Approved By:________________________________________

Principal Signature

Date__________________

For Treasurer’s Office Use only

Date received__________________

Exec Dir of Business Services Signature

Date__________________
### Event/Fundraiser Reconciliation

**Please complete Page 2 after the conclusion of event**

Event #_____________

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**PLEASE FILL OUT AND SUBMIT A REQUISITION ALONG WITH A DONATION LETTER IN ORDER TO DONATE THE PROCEEDS.**

<table>
<thead>
<tr>
<th>DEPOSITS</th>
<th>EXPENDITURES/DONATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PAY-IN/ RECEIPT #</td>
<td>DATE</td>
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</tbody>
</table>

**TOTAL RECEIPTS** $  

**TOTAL EXPENDITURES** $  

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Explanation of discrepancies (if any) between amount of total receipts and total expenditures

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Advisor signature  
Date______________

Principal signature  
Date______________

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For Treasurer’s Office Use Only

Assistant Treasurer signature  
Date