

East Texas Baptist University
Request for Special Events/Fundraiser

Department/Organization: _____

Student Contact: _____

Phone Number: _____

Email Address: _____

Advisor Signature: _____

Special Event/Fundraiser
Name: _____

Description/Activity/How will funds be raised? _____

Purpose: _____

Estimate of amount to be raised: _____

Location: _____ Date(s)/Time: _____

Expenses to be charged to account number: _____ - _____ - _____ - _____ - _____

Approve/Disapprove _____
Director of Student Activities (Date)

Approve/Disapprove _____
Vice President Student Affairs (Date)

Approve/Disapprove _____
Vice President Administration and Finance (Date)

If approved, forward a copy to the Business Office for cash receipt procedures.

<p>BUSINESS OFFICE USE ONLY</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
