



FORM 3.4

FUNDRAISER PROPOSAL

Department/Organization: _____

Contact: _____ Phone: _____ Email: _____

Advisor Signature: _____

Fundraiser Name: _____

Location: _____ Date: _____ Time: _____

Description/Activity/How will funds be raised?

Purpose:

Estimated amount to be raised: _____

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

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

Approve/Reject _____
Director of Student Activities/Department Head *Date*

Approve/Reject _____
Division Vice President *Date*

Approve/Reject _____
Vice President for Student Affairs *Date*

BUSINESS OFFICE USE ONLY

