

Fundraising Event Approval Form

Refer to [Fundraising Event Policy & Procedures](#) prior to completing this form.

Please note: Fields identified with an asterisk (*) are required.

Requestor Information *

CSUB ID: _____ Name: _____ Title: _____

Department ID: _____ Department Name: _____ Phone/email: _____

Event Details *

Event Budget *

The budget must sufficiently detail anticipated revenue and expenditures to project net revenue and any exchange of goods or services.

Chartfields

Business Unit: _____ Fund: _____ Dept ID: _____ Project: _____ Program: _____ Class: _____

<u>Revenue</u>	<u>Amount</u>	<u>Description</u>
Auction Revenue**:	_____	_____
Sponsorship Revenue:	_____	_____
Ticket Revenue:	_____	_____
Other Revenue:	_____	_____
Total Revenue :	_____	_____

***Auctions of any size must be reviewed and approved by the CSUB Foundation*

<u>Expenses</u>	<u>Amount</u>	<u>Description</u>
Entertainment:	_____	_____
Food and Beverage:	_____	_____
Facility fees:	_____	_____
Printing/Publicity:	_____	_____
Admin Fees:	_____	_____
Credit Card Fees:	_____	_____
Other Expenses:	_____	_____
Total Expenses :	_____	_____
Total Net Income:	_____	

Fill- out only if you plan to utilize services of a contract fundraiser (Attach draft _____ copy of contract) :
Will the Fundraiser have custody of contributions? Yes No c _____

Policy, Terms and Conditions

Fundraising events with expected gross receipts greater than \$5,000 or those with plans for an auction of any size must be approved in writing by the delegated authority when the fundraising event utilizes CSUBs must3br ap06 44 (p)-1nt3.8