

FUNDRAISER/DONATION REQUEST FORM

This form is used to request fund-raising efforts for all Student Life supported programs. Worksheets must be submitted to the Office of Student Life at least four (4) weeks in advance of the event. If you have any questions, please contact Electra Gupton at egupton@spscc.edu or 360-596-5217.

EVENT TITLE: _____ DATE(S)/TIME(S): _____

EVENT DESCRIPTION: _____

STUDENT GROUP NAME: _____

REQUESTOR NAME: _____ PHONE: _____

REQUESTOR EMAIL: _____

On Campus Off Campus Proposed Location _____

Type of Fundraiser Event/Admission Sale of Goods Donations Other

Description: _____

WILL YOU NEED A CASH BOX? Yes No (If Yes, Please see attached Cash Box request)

PROCEEDS PURPOSE: _____

Expected Total Revenue: \$ _____ Expected Total Expenses: \$ _____

Seed Money:

- The money used (from the S&A budget) to pay for expenses of a fundraiser will be deducted from the total amount raised at the end of the fundraiser
- Any remaining balance will be placed in the clubs S&A account and be used the current year or carried forward to the next fiscal year

Donations:

- To be considered a true donation, you must be able to allow any person to participate without paying, no suggested donation amount posted or identified and your donation collection must be clearly stated to where the money will be going. We will still work with you to track all donations for state regulation purposes.

It is state law that all revenue raised from a fund-raiser be deposited within 24 hours of the actual collection of the revenue. For events spanning over multiple days, daily deposits will be set up with the Office of Student Life. Any exception to this must be approved by the Director of Student Life or Dean of Student Engagement.

If receipts for deposit are missing, the Club/Organization has five business days to submit missing receipts. *If the receipts are not turned in within five business days, appropriate action will be taken, which may include debiting the funds and lapsing them into the S & A Contingency Fund.

CASH BOX REQUEST FORM

The purpose of this form is to check out a cashbox and a cash/change fund for approved Club/Organization event ticket/goods sales. Prior cashbox training is required to complete this form. Club/Organization are responsible for scheduling cashbox handler training. **If you have any questions, please contact Melissa Harris at mharris14@spsc.edu or 360-596-5407.**

EVENT: _____

CLUB/ORGANIZATION: _____

SUBMITTED BY: _____ EMAIL: _____

HANDLERS:

All handlers MUST meet with the Fiscal Specialist for cashbox/receipt training. Only trained Club members may handle the cashbox.

NAME: _____ EMAIL: _____

NAME: _____ EMAIL: _____

NAME: _____ EMAIL: _____

NAME: _____ EMAIL: _____

CASHBOX CHECK OUT

Cashbox must be checked out the day of the event and returned at the earliest possible time after the event. For late night/weekend events, cashbox must be returned at the earliest time on the next business day. Improper use or handling, or failure to adhere to scheduled times will subject clubs/orgs to the consequences outlined in the SPSCC Clubs & Organizations Handbook.

DATE(S) NEEDED: _____

Multiple day usage needs Director of Student Life approval. If not consecutive, fill out 1 form PER day needed.

TIME NEEDED: _____

PICK-UP DATE/TIME: _____ / _____ DROP-OFF DATE/TIME: _____ / _____

CURRENCY	AMOUNT	COIN	AMOUNT
Ones (\$1.00)		Pennies (\$.01)	
Fives (\$5.00)		Nickels (\$.05)	
Tens (\$10.00)		Dimes (\$.10)	
Twenties (\$20.00)		Quarters (\$.25)	
Subtotal:		Subtotal:	
		CHANGE FUND TOTAL	\$

By signing below, I confirm that I have received the Change Fund Total reflected above and will return the cashbox on the drop-off date/time as indicated.

Club Representative (Print): _____

Club Representative (Signature): _____ Date: _____

CASH BOX CHECK IN

CURRENCY	AMOUNT	COIN	AMOUNT
Ones (\$1.00)		Pennies (\$0.01)	
Fives (\$5.00)		Nickels (\$0.05)	
Tens (\$10.00)		Dimes (\$0.10)	
Twenties (\$20.00)		Quarters (\$0.25)	
Subtotal:		Subtotal:	
		CHANGE FUND TOTAL:	

Were all receipts submitted upon return of the cashbox? Yes _____ No _____

If no, provide a detailed explanation as to why receipts were not submitted.

Is cashbox being returned on the date that was originally indicated? Yes _____ No _____

If no, provide a detailed explanation as to why the cashbox is being returned on a different date.

VERIFICATION OF RETURN SIGNATURES

CLUB REPRESENTATIVE (Signature): _____ Date: _____

STAFF (Signature): _____ Date: _____

FOR OFFICIAL USE ONLY

DAILY BALANCE SHEET COMPLETED: **YES** **NO** **PENDING**

SUBMITTED TO B.O. ON: ___/___/___