



Date Received

Approved to Agenda

ACE FUNDRAISING REQUEST FORM

Today's Date: ___/___/___ Date of Event: ___/___/___

Name of Organization: _____

Co-sponsoring Organizations (If any): _____

EVENT CONTACT PERSON

Name: _____

Campus or Cell Phone: _____ Campus Email: _____

EVENT DETAILS

Name of Event: _____

Location: _____ Date: _____ Time: _____

Estimated number of attendees: _____

BREAKDOWN OF EXPENSES (INCLUDING TECH SERVICES):

| Item | Quantity | Cost |
|-------|----------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Total Cost of Event: \$ _____ Amount Requesting: \$ _____

Is there an admission charge: \$ _____

I verify that this request for money has been brought before the above-named organization and that this organization is asking for the funds indicated above.

_____ (Signature of Organization President)

Please attach a brief, typed rationale on what the event is, why you believe this event is needed, and a full price breakdown on what the money for this event will be spent. These steps are necessary for your reading to be placed on the agenda.

