University of the Ozarks
Request for Organization Fundraising Event

This form must be submitted at least fourteen (14) business days in advance of the fundraising event.

Campus group making request: __________________________________________________________

Person making this request: ___________________ Phone: ___________________ Email: ______________

Name of group leader/adviser: ___________________ Phone: ___________________ Email: ______________
(Must be University staff member)

  • Date funds were requested from SGA: __________ Results of request: __________________________
  • Date funds were requested from Divisional budget: __________
  • Results of request: __________________________

Will donated funds require charitable receipts be provided to donors in accordance with law and IRS requirements?
Yes ___   No ___

Date of request: ___________ Dates(s) of fundraising event: __________________________

Description of fundraiser: _________________________________________________________________
____________________________________________________________________________________

Purpose of fundraiser: __________________________________________________________________

How much money do you anticipate raising? (net) ___________________________________

If adequate funds are not raised with this event for the to meet the intended objective, how will other funds be obtained?
____________________________________________________________________________________

Does this event require resources that must be acquired? _____ If yes, list: ____________________

What is the strategy for acquiring these resources? _______________________________________________

What is the designated location of the event, or where can the item(s) be purchased or donations made?
____________________________________________________________________________________

Who is responsible for appropriate handling of funds raised? ________________________________

Who will benefit from the event and how will they benefit? ___________________________________

Signature of person making request: ___________________ Date: ___________

Signature of group leader/advisor: ___________________ Date: ___________

Approval for Student Organizations:
_______________________________ Date: ________
______________________________ Date _________
Dean of Residential & Campus Life Advancement Office

Approval for other:
_______________________________ Date: ________
______________________________ Date _________
Senior Staff Member Advancement O