

# FRANCIS MARION UNIVERSITY

## STUDENT ORGANIZATION FUND RAISING REQUEST

<b>OFFICE USE ONLY</b>
Dare Received ___/___/___
Confirmation ___ Denial ___
Date ___/___/___
By: _____

**THIS FORM MUST BE COMPLETED AND SUBMITTED AT LEAST 10 BUSINESS DAYS BEFORE THE EVENT TO STUDENT AFFAIRS, UC 205. IF THE EVENT IS TO BE HELD ON CAMPUS, A SPACE REQUEST MUST BE SUBMITTED WITH THIS FORM.**

Name of Organization: \_\_\_\_\_

**Date of Fund Raiser:** \_\_\_\_\_ **Type of Raiser:** \_\_\_\_\_  
(Ex: car wash, bake sale, dance, etc.)

Fund raiser will be held: [ ] On campus or [ ] Off campus

**LOCATION OF FUND RAISER:** \_\_\_\_\_

**Purpose of fund raiser:** *(Please specify how funds will be used. If the fund raiser is to support a scholarship fund, please list its proper name.)*

\_\_\_\_\_  
\_\_\_\_\_

Is this fund raiser for a charitable organization? [ ] Yes or [ ] No If yes, who is it for: \_\_\_\_\_

\_\_\_\_\_

### **The following signatures indicate knowledge of the event**

_____ Advisor of the Organization	_____ Signature	_____ Telephone #
_____ President of the Organization	_____ Signature	_____ Telephone #
_____ Individual Making Request	_____ Signature	_____ Telephone #

\_\_\_\_\_  
Email Address of Individual Making Request

### **The following signatures must be obtained for final approval. You will be notified by email.**

Approve [ ] Disapprove [ ] \_\_\_\_\_  
Dean of Students Staff Representative Date

Note (s): \_\_\_\_\_

**An organizational Fund Raising Income Report must be completed and submitted to the Student Affairs office within 10 business days of the fund raising event. Failure to report income received may result in disapproval of future Fund Raising Event Request.**

**FRANCIS MARION UNIVERSITY  
STUDENT ORGANIZATION  
FUND-RAISING INCOME REPORT**

This form is to be completed and returned to the Office of Student Affairs in the Smith University Center, Suite 205. After the event has ended you have 10 days to complete this form and return it. This form must be on file in the Office of Student Life before any further fund raisers for the organization can be approved.

Name of Organization: \_\_\_\_\_

Date(s) of Fund raiser: \_\_\_\_\_ Date of Report: \_\_\_\_/\_\_\_\_/\_\_\_\_

Purpose of Fund raiser: \_\_\_\_\_

Total Funds Received (*To the nearest dollar amount*): \$ \_\_\_\_\_

Total Expenses (*To the nearest dollar amount*): \$ \_\_\_\_\_

Net Income from Fund raiser: \$ \_\_\_\_\_

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**CHARITY VERIFICATION**

If the proceeds from this fund raiser are to benefit a charity, a representative of the charitable organization must sign the statement below:

My organization, \_\_\_\_\_, has received funds in the amount of \$ \_\_\_\_\_ from the above-named Francis Marion University organization.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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**STATEMENT OF EARNINGS**

An officer of the sponsoring FMU organization must sign below:

I attest that my organization completed the above fund raiser in accordance with Francis Marion University guidelines and that the above earnings are true and correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_