Fund Raising Account/Fund Request Form

Name of Employee/Department/Unit:

|  |
| --- |
|  |

Purpose of the Account/Fund:

|  |
| --- |
|  |

How will the revenue be generated?

* Donations by Individuals/Organizations
* Ticket Sales
* Sponsorships
* Services Provides
* Items Sold
* Registration Fees for a Camp, Training, Seminar, Event
* Fees/Dues
* Other

|  |
| --- |
|  |

Will University assets be used for the generation of the revenue? (Facilities, supplies, equipment, employee hours)

* Yes
* No

If yes indicate which of the following university assets will be used.

* Facilities
* Supplies
* Equipment
* Employees
* Other

|  |
| --- |
|  |

How will the funds in the account be used?

|  |
| --- |
|  |

**To Be Completed by Vice President for Business Affairs**

* University Fund
* Foundation Account

Vice President for Business Affairs Signature and Date:

|  |
| --- |
|  |