

Authorization Request
Solicitation of Funds by a Student Organization

Organization Name: _____

Organization Member Requesting Funds (not advisor): _____

Individual responsible for this event: _____

Address: _____ Phone: _____

E-mail: _____

Name of the Event _____ Date of Event _____

Location of the Event _____ Event Time _____

(Check the University Center Information Desk if Forms A, B, C, or D are needed)

Purpose of the Event: _____

Description of the Event: (How will funds be raised? What are the charges?) _____

Anticipated Cost of the Event: _____

Will funds from the Student Activity Fee be used? Yes No

1. An official accounting of funds MUST be submitted to the Office of Student Activities, UC 425, within 10 working days after the close of the event. (A copy of this form is attached).
2. The University has the right to cancel and/or close down the event should it suspect a violation of Federal, State, Local laws, and/or Board of Regents or University rules.

Acceptance:

I have read the above and understand that failure to comply with these or any other appropriate regulations may result in denial of future events, loss of University registration, or other sanctions.

Organization President

Name _____ Phone: _____ Date: _____

Signature: _____

Organization Faculty/Staff Advisor

Name _____ Phone: _____ Date: _____

Signature: _____

Approval from the Office of Student Activities/Registered Student Organizations (UC 425)

Name: _____ Date: _____

Signature _____

The University of Memphis
Memphis, TN 38152

Office of Student Activities
Student Activities Council
Co-Sponsorship Funding Committee
Service Learning
Registered Student Organizations
Operational Assistance

425 University Center
901/678-2035
FAX 901/678-5431
Email: sac@memphis.edu
Internet: <http://www.people.memphis.edu/~sac>

Solicitation of Funds — Financial Statement

(Required by the Tennessee Board of Regents)

This form is due in the office of Registered Student Organizations and Volunteer Service, UC
425 ten days after the completion of the event.

(Office Use) Request No. _____ Date Returned _____

Organization Name: _____

Name of the Event _____

Date(s) of the Event _____

If the event was held, please continue as listed below:

The following is an accounting of funds received and distributed:

Income: (source of funds received)

a. _____ \$ _____

b. _____ \$ _____

c. _____ \$ _____

Total Expenses _____ \$ _____

Profit (Subtract total expenses from total income) _____ \$ _____

The following signatures are required whether or not the event was held.

This is to certify that all funds have been properly accounted for in accordance with University Policies and Procedures. Attached are copies of receipts and checks payable.

Organization Representative

Name _____ Signature _____

Phone _____ E-Mail _____

Organization Faculty Advisor

Name _____ Signature _____

Phone _____ E-Mail _____