



Student Life Fundraiser Completion Form

Contact Information

First Name: *

Last Name: *

Email Address: *

Group: *

Fundraiser Name: *

Fundraiser Information

Date of Fundraiser: *

Benefactor of Fundraiser: *

Upload W-9 if check is to be issued to benefactor:

Total Funds Raised: *

Expenses: *

Net Profits (Total Funds - Expenses): *

Supervisor / Advisor Approval Needed

As the advisor or supervisor you are required to confirm the information provided in this form is accurate. If all information is accurate, please select "approve". If revisions, are needed, please add a note in the box below and select "deny". This will prevent the form from moving forward in the process until revisions are made.

Decision: * -- Please Select --

Student Life Approval Needed

Decision: * -- Please Select -- If you do not wish to approve this request, please select "RETURN FOR REVISION" in the lower left hand corner.

Fundraiser Contact Signature _____ Date: _____

Advisor/Supervisor Signature

Student Life Signature