

Authorization Request
Solicitation of Funds by a Student Organization

Organization Name: _____
Organization Member(s) Requesting Funds and Responsible for Event (not advisor): _____
Address: _____ Phone: _____
E-mail: _____

Event Details:

Name: _____
Date: _____ Time: _____ Location: _____
Description (How will funds be raised? What are the charges?): _____

Anticipated cost of event: _____

Will funds from the Student Activity Fee be used (please circle one)? YES NO

1. An official accounting of funds MUST be submitted to the Office of Student Leadership and Involvement, 211 University Center within 10 days after the close of the event. 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 Registered Student Organization registration, or other sanctions.

Organization President:

Name: _____ Phone: _____
Signature/Date: _____

Organization Faculty/Staff Advisor:

Name: _____ Phone: _____
Signature/Date: _____

Approval from Office of Student Leadership and Involvement (211 University Center):

Signature/Date: _____

rso@memphis.edu

Registered Student Organizations Web:

www.memphis.edu/Tigerzone

Solicitation of Funds – Financial Statement

This form is due in the office of Student Leadership and Involvement, 211 University Center, ten days after the completion of the event.

Organization Name: _____

Date Returned: _____

Name of the Event: _____

Dates(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.

Organization Representative

Name: _____

Signature: _____

Phone: _____

E-Mail: _____

Organization Faculty Advisor

Name: _____

Signature _____

Phone: _____

E-Mail _____