



# STUDENT BUSINESS OFFICE

714-564-6430

## Fundraising Authorization Form

Date: \_\_\_\_\_ Event Name: \_\_\_\_\_

Organization: \_\_\_\_\_ SBO Account: \_\_\_\_\_

Contact Person/Organizer: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Advisor/Dean/Director: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of Event:      Event      Sales      Outside Donations

Requested Start Date: \_\_\_\_\_

Requested End Date: \_\_\_\_\_

Location: \_\_\_\_\_

- Target Audience:
- Students
  - Faculty
  - Staff
  - Special Invitation
  - General Public
  - Other

Income to be used for:

Description of Event (including detailed timeline):

Contact Person/Organizer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor/Dean/Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Business Office Verification: \_\_\_\_\_ Date: \_\_\_\_\_