

For office use only



Received by: _____

Date: _____

External Fundraiser: YES* NO

* College President and Fiscal Administrator required signatures are required.

Los Angeles Valley College
Fundraising/Donations Application
(Please allow **15** working days for approval)

Today's Date: _____ Club Name: _____

Treasurer Name: _____

Phone: _____ Email: _____

1) Date(s) of fundraiser: _____

2) Time/s: _____

2) Did your club approve this fundraiser with a majority vote? Yes_____ No_____

3) Will a Facilities Request be submitted with this form? Yes_____ No _____

4) What is the purpose of your fundraiser and how will it benefit the students/community?(attach additional sheets if necessary)

6) Is your club selling items or are you asking for donations (this includes money or goods from businesses or organizations)? Yes _____ No _____

7) What are you selling and at what price (be specific)?

8) What type of donations are you requesting from the above mentioned businesses?

9) What safeguards will your club utilize for all cash collections & checks? Be detailed.

9) How will raised funds be distributed or used (be specific)?

*****Please attach a copy of the COMPLETE meeting minutes signed by your club president and club advisor. Minutes must state the motion and vote count.**

Important Reminders (READ before signing):

- Funds raised must be deposited with the Business Office no later than the next working day. Copy of deposit slip must be submitted to ASU Treasurer.
- If tickets or items are sold for five dollars (\$5) or more, numbered receipts must be issued and delivered to the Chief Business Officer or designee.
- Valid itemized receipts along with purchase requests forms must be presented on order to receive reimbursement for personal funds utilized in fundraising activities.

Club Treasurer Name	Treasurer Signature	Treasurer SID#
---------------------	---------------------	----------------

Faculty Advisor Signature	Date
---------------------------	------

Dean of Student Life/Date	VP Student Services /Date
---------------------------	---------------------------

College President/Date	College Fiscal Administrator/Date
------------------------	-----------------------------------

Check off list for Student Life Staff:

COMPLETE Minutes with Advisor and Club President Signatures.

Food Handler's certificate on file (if applicable)

Form Logged Date: _____

For more information on the district's fundraising policy, please refer to Administrative Regulation (S-5) and (S-6).

Updated: 7/3/19