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| **SECTION A: FUNDRAISING/DONATION ACTIVITY INFORMATION** |
| Unit Name and Charter Number: |       |
| Date of event: |       |  DONATION: | [ ]  No [ ]  Yes  |
| **SECTION B: OFFICER IN CHARGE (OIC) OR POINT OF CONTACT (POC) INFORMATION** |
| Name: |       | Phone Number: |       |
| Email Address: |       |
| **SECTION C: COMPLIANCE QUESTIONS** |
| Event has been reviewed by the Unit Finance Committee and is included in Finance Committee minutes in compliance with CAPR 173-4? | [ ]  Yes  |
| **SECTION D: EVENT DESCRIPTION**  |
| **Event Description: Please provide details of the Donation or proposed Fundraising Event, (attach additional documentation as needed).**  |
|  |
| **SECTION E: RECOMMEND APPROVAL or RECOMMEND DISAPPROVAL (Disapproval requires written justification)**  |

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| Unit CC  | [ ]  Approved | Signature:       | Date:        |
| Wing Admin  | [ ]  Received and Logged | Signature:       | Date:        |
| Wing SE | [ ]  Reviewed (if required) | Signature:       | Date:        |
| Wing FM | [ ]  Approve [ ]  Disapprove | Signature:       | Date:        |
| Wing JA  | [ ]  Approve [ ]  Disapprove | Signature:       | Date:        |
| Wing CC  | [ ]  Approved [ ]  Denied | Signature:       | Date:        |