|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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: |