

Student Organization: \_\_\_\_\_ Date Submitted: \_\_\_\_\_  
 Student Contact: \_\_\_\_\_ Position: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Event Title: \_\_\_\_\_ Event Date(s): \_\_\_\_\_  
 Event Times: \_\_\_\_\_ AM PM to \_\_\_\_\_ AM PM Estimate Cost: \_\_\_\_\_

Brief Event Description:

Space Requirements:

Additional Requests:

*Check all that apply*

Event will be held:

On-Campus  
 Off-Campus  
 Bus Trip

Event purpose:

Fundraiser  
 Other: \_\_\_\_\_

Number of People: \_\_\_\_\_  
 Will food be served? **YES NO**

*Completed forms must be submitted to the Student Life Office two weeks before the event date*

*Office Use Only*

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

- Check Request
- Cash Advance

HACC's Lebanon Campus  
Check / Budget Request: Events

Payee/Vendor: \_\_\_\_\_ Date Requested: \_\_\_\_\_

Requestor: \_\_\_\_\_ ID/EIN #: \_\_\_\_\_

Address: \_\_\_\_\_ Club Account: \_\_\_\_\_

\_\_\_\_\_ Total Cost: \_\_\_\_\_

\_\_\_\_\_ *\*If prepaid, receipts must follow.\**

Quantity	Item / Service	Unit Cost	Total
<b>Purpose/Explanation</b>		<b>Special Instructions</b>	

\_\_\_\_\_  
Organization President

\_\_\_\_\_  
SGA President

\_\_\_\_\_  
Organization Treasurer

\_\_\_\_\_  
SGA Treasurer

\_\_\_\_\_  
Organization Advisor

\_\_\_\_\_  
SGA Advisor