



CAMPUS SPECIAL EVENT SPENDING NOTIFICATION FORM

Date: _____

This notification will be reviewed in terms of budget availability for any costs associated with the event. The signature does not constitute the approval for the event. The requester must submit the necessary documentation/forms to the Event Coordinator for a permit or contract as applicable.

To: College President

Requester/Owner: _____ Organizer/Project Mngr.: _____

Department: _____

1. DESCRIPTION, PURPOSE, AND JUSTIFICATION OF THE EVENT

TYPE OF ACTIVITY: Internal External College Program Non-College Program

EVENT NAME AND DESCRIPTION:

PURPOSE OF THE EVENT AND BENEFIT TO THE COLLEGE (include SMP Goals and Outcomes):

2. BUDGET INFO:

FISCAL YEAR _____

PROPOSED FUNDING SOURCE _____
Fund G/L Cost Ctr

REVENUE: \$

*COST: \$ _____

*COST DETAILS: Facilities \$ _____ Labor Support \$ _____ Security \$ _____

PROFIT/LOSS \$

Equipment \$ _____ Catering \$ _____ Other \$ _____

Signature: _____

College President

Date _____