DIRECTIONS:

1. If this form is not COMPLETE, the request will not be considered.

2. When completed, please e-mail this form to SBATreasurer@law.du.edu and CC all signing officers. Include the following in the subject line: SPECIAL EVENT REQUEST – Org. Name (Account No.).

3. Retroactive requests will not be considered. Requests must be submitted and approved before the event.

Date Request Submitted:       Date of Event:

# I. Organization Information

*(A) Org. Name*:

*(B) Submitted By*:

*(C) Contact E-mail*:

*(D) Account Number*:       *(E) Current Account Balance*:

*(F) Amount Reserved for Future Events*:

*(G) Number of Members in Org.*:

# II. Event Information

*(A) Special Event Title*:

*(B) Event Location*:       *(C) Event Time*:

*(D) Expected Attendance*:      *(E) Total Cost of Event*:

*(F) Type of Event (check all that apply)*:

[ ]  Day (8am-5pm); [ ]  Evening (5pm-10pm); or [ ]  Both

[ ]  Speaker; [ ]  Panel; [ ]  Networking; [ ]  Mixer; [ ]  Reception; [ ]  Other

*(G) Do you have one or more co-sponsors*? [ ]  Yes. [ ]  No. *If yes, who*?

# III. Breakdown of Budget Request

|  |  |  |
| --- | --- | --- |
| *Description of Item* | *Total Amount Requested* | *Per Person Cost* |
| 1. [E.G. FOOD] |       |       |
| 2.       |       |       |
| 3.       |       |       |
| 4.       |       |       |
| 5.       |       |       |
| *Sub-Total* | $0.00 |  |

*Breakdown of Additional Items (if applicable)*:

Include a brief description of each item and a total cost for that item.

*Additional Items Sub-Total*:       ***TOTAL COST***: $0.00

# IV. Misc. Questions

*(A) Have other organizations been invited*? [ ]  Yes. [ ]  No. *If yes, please list*:

*(B) How will this event benefit the organization*?

*(C) How will this event benefit the Sturm College of Law*?

*(D) Will any costs be recovered (e.g. charging admission, deposits, etc.)*? [ ]  Yes. [ ]  No. *If yes, how much*? $0.00

*(E) Have you done other fundraising for this event*? [ ]  Yes. [ ]  No. *If yes, how much did you raise*? $0.00

*(F) Do you have other sources of revenue*? [ ]  Yes. [ ]  No.

# V. SIGNATURES OF OFFICERS

|  |  |  |
| --- | --- | --- |
| PRESIDENT |      (signature) |      (print name) |
| CO-PRESIDENT(if there are two presidents, both must sign) |      (signature) |      (print name) |
| TREASURER |      (signature) |      (print name) |

# SBA USE ONLY

Amount Recommended by Finance Committee:
Ammount Approved by the Senate:

|  |  |
| --- | --- |
|      Signature of President |      Signature of Treasurer |