

KETTERING UNIVERSITY FUNDRAISING EVENT REQUEST *



Date:

Attach a copy of complete solicitation, mailing, gift card, or publication

Event Requests must be approved by the Business Office prior to final printing/distribution

Name of Event:

Solicitation Code:

Date of Event:

Drop Date/Distribution of Solicitation:

Requested by:

Index Name and Number:

Total Cost Per Person: \$

Estimated Attendance:

Gross Receipts (cost per person x estimated attendance): \$

Other Contributions (sponsorships, etc.): \$

Total Receipts: \$

Less Tax Deductible Portion (amount per person \$ x estimated attendance): - \$

Gross Revenue (total receipts - tax deductible portion): \$

Expenses:	Description	Amount
	Prizes/participation "freebies"	\$
	Rent/facility costs	
	Supplies	
	Travel	
	Postage	
	Miscellaneous	
	 Total Expenses	 - \$

Net Income or (Loss) (gross revenue - total expenses): \$

Gift portion and other net proceeds to be transferred to index name: Index:

Any loss to be charged to operating index name: Index: