

\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

To: DAV California – Finance Committee

From: \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Title) (Name)

Re: Request for Fundraiser Approval

 This form is provided to you, to give in full description the fundraiser that (Chapter | Unit | Dugout) #\_\_\_\_\_\_\_\_\_ would like to hold. We understand that it is our duty to abide by all Bylaws, Rules and Regulations set in by the *National Bylaws, Article 15*; *Department Bylaws Article IX, Section 9.3*; as well as the *Department Finance Committee Rules and Regulations, Rules 3, 5, 6, 7, 8* and *Continuing Policy, dated May 4, 1973.*

We acknowledge that it is our responsibility to be open and honest about all information regarding the planning, implementation, and logistics of the proposed event; and that it is our responsibility to utilize this opportunity to report all income, as well as all Local Veterans Assistance Program hours accumulated through the volunteer work provided to the event.

Event Details

Date of the Chapter Meeting when the Fundraiser was Approved: \_\_\_\_\_\_\_\_\_\_

Fundraiser Details (Be Specific):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Fundraiser: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Consent of Neighboring Chapter, Unit, or Dugout: 🞏Attached 🞏N/A

Will There be a Paid Promoter? 🞏YES 🞏NO [If Yes, Provide the promoter contract associated with the fundraiser]

 \_\_\_\_\_\_\_% of Gross Receipts to Chapter | Unit | Dugout

Will Insurance be Needed: 🞏YES 🞏NO [If Yes, provide the insurance contract associated with the fundraiser]

Personnel

Which Member will be Handling Funds? \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Title) (Name)

Which Member will be Paying the Bills? \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Title) (Name)

Which Member will be Handling Contracts? \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Title) (Name)

Which Member will be Handling LVAP? \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Title) (Name)

Finances

Expected Gross Receipts: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expected Expenses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How will the Fundraising Funds Be Used?:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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REQUESTING COMMANDERS NAME REQUESTING ADJUTANTS NAME

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REQUESTING COMMANDERS SIGNATURE REQUESTING ADJUTANTS SIGNATURE

**-THIS SPACE FOR DEPARTMENT FINANCE COMMITTEE USE ONLY-**

**🞐APPROVE 🞐DISAPPROVE**

Department Adjutant’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REMARKS:

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