REQUEST FOR APPROVAL OF FUNDRAISING EVENT OR ACTIVITY LSUE FOUNDATION ACCOUNT NAME: ____ ACCOUNT ADMINISTRATOR: ____ DESCRIPTION OF EVENT OR ACTIVITY: Please complete the following required information regarding the fundraising event or activity of which approval to deposit proceeds to an LSUE Foundation beneficiary account is requested: Description of event/activity, including types of revenue to be deposited:

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FUNDRAISING PURPOSE:

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DATE OF EVENT/ACTIVITY: ______________________ FOUNDATION ACCT: ______________________

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Signatures below denote approval of the event and conditions as stated above. Signature also certifies that the event or activity is principally being conducted for fundraising or development purposes.

Signature:

___________________________Requesting Administrator Date: ________________________

___________________________Please Print Name E-mail: _________________________

___________________________Department Phone: _________________________

Required:

__________________________________ LSUE Foundation Date: ___________________________

Carey Lawson, Director

___________________________________ LSUE Chancellor Date:________________________

Dr. Kimberly Russell

___________________________________LSUE Business Affairs Date: ___________________________

LSUE Foundation grants approval to this request to deposit proceeds from the event or activity in an LSUE Foundation account. The LSUE Foundation certifies that the event or activity is principally conducted for fundraising or development purposes.

LSUE Foundation __________________________________ Date _______________________________