

CampusCash Fundraiser Form

Name of Event: _____ Date of Event: _____

Reason for Event: _____

Dept. / Organization Responsible for Event: _____

Name of Responsible Party _____

Contact Phone Number: _____

Provide appropriate POET string for transfer of funds

If unsure please contact the Office of Accounting or Budget & Treasury:

P _____

O _____

E _____

T _____

S _____

Signature of Budgetary Approval for Dept. / Organization: _____

Instructions for consideration:

All requests must be made in writing at least five (5) working days prior to the event and the request must be approved by both the Campus Card Services manger and the appropriate department head or responsible head of the organization with budgetary approval. Submitting this form does not guarantee approval.

An EXCEL list of ID numbers with the amount to be deducted from the students' campus cash account(s) must be e-mailed to the Campus Card Services office the next business day following the event.

E-mail the list to campuscard@sandiego.edu

Failure to do so may result in loss of Campus Cash funds.

Please note that Campus Cash accounts must have sufficient funds available at time of processing to receive credit to the department/organization. Accounts with insufficient funds will not be processed.

Campus Card Services Office Approval: _____
Manager Date