

EVENT PROPOSAL – STUDENT ORGANIZATION EVENT/ACTIVITY

Student Org Name:	
Campus:	Date of Application:
Event Contact:	

Proposed Event/Activity:

Name:	
Date:	Time:
Location:	
Address:	

Will alcohol be served at your event?

Yes ☐ No ☐

Is this a fundraising activity? *(Please provide all relevant details and information as attached documents)*

Yes ☐ No ☐

Brief Description/event activities:

Learning outcomes: For questions, please contact your advisor for support.

Proposed Budget and Attendance:

Food:		Attendees:
Beverages:		Amount per attendee
Other:		(# of attendees/total amount requested):
Total:		

Payment method:

- ☐ **Reimbursement:** Student/Faculty/Staff prepays for the event and submits receipts for reimbursement within one week of the event. The individual must wait for approval until anything is bought for the event.
- ☐ **Check request:** Used for larger scale events that a check is needed to pay the company or individual on the day of the event. Submit check requests no later than one month prior to the event.
- ☐ **Card purchase:** For items purchased by the Campus Dean or Student Life & Events on behalf of the organization. On a separate paper, provide the contact information for the vendor(s) (i.e., name, contact person, phone number, email address, website **AND** a list of the items and quantities to be ordered. Be sure to include delivery information and day of event contact (if applicable).
- ☐ **Purchase order (PO):** For a vendor that accepts PO numbers from TCSPP. A PO Purchase Request Form and W-9 form for the vendor must be attached. If approved, your organization will receive a PO number. Once services are rendered, provide Student Life & Events with an invoice for processing. Submit PO requests no later than 2 weeks prior to the event.

SUBMIT COMPLETED FORM TO:

CHICAGO / TCSP@XULA Emily Hilleren ehilleren@thechicagoschool.edu	ONLINE Daniel Esquivel desquivel@thechicagoschool.edu	SOUTHERN CALIFORNIA Shaniece McGill smcgill@thechicagoschool.edu	WASHINGTON, D.C. Matthew Le Brasseur mlebrasseur@thechicagoschool.edu
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Signature of Advisor:

Date:

Printed Name of Advisor: