

Columbia College Club Event Form

ASSOCIATED STUDENTS OF COLUMBIA COLLEGE

Club/Organization		Estimated Cost \$	
Advisor		Date Originated	
Event Date	Event Name	Event Location	
Start Time	End Time	Setup Start	Clean Up End
Contact Name & Number			
Type of Event: Event Promotional Fundraiser Travel Other, describe			
Special Accommodations: Yes No		If yes, please describe	
Faculty Guests		Speaker/Entertainer	
Type of Transportation Requested			
Destination		Departure Date	Return Date
Facilities Approval Date		Food Services	
Facilities Approval		Medical Services	

Club President	Date	Club Advisor	Date
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Program Assistant of Student Success	Date	ASCC Advisor/ Director of O&R	Date
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CASH ADVANCE INFORMATION (If Event Needed)		
Date Needed	Description	Cash Advance Person- Name & Address

PURCHASE INFORMATION (If Event Needed)			
Date	Requisition #	Amount	Payee/ Vendor- Name & Address

Signed	Date		<i>For Office Use Only</i>
		<i>Received On</i>	<i>By</i>
		<i>Submitted On</i>	<i>By</i>
		<i>Approved On</i>	<i>By</i>
Account Number	Amount	<i>Signed</i>	

