DISABLED AMERICAN VETERANS DEPARTMENT OF ARIZONA

CHAPTER / UNIT FUNDRAISER REQUEST

Date submitted to Department Adjutant:

Chapter _____/ Unit: _____ Address: _____

Type of Project: _____

Fund Use: General _____% Service* _____% Other _____

- **Cite specific Service program(s):** _____

Ongoing ☐ One-time event ☐ Two-time event ☐ Monthly event ☐

All date(s) to be conducted: _____

Location/Address of fundraiser: _____

Will Public be involved? Yes ☐ No ☐ Estimated gross income: _____

Will the fundraiser be conducted outside your Chapter/Unit area? Yes ☐ No ☐

- If "Yes" then attach letter of approval from the other Chapter/Unit.

NOTE: Approved budget for fiscal year in which fundraiser will be held and meeting minutes from the General Meeting when the budget was approved are required to be on file with the Department Office before fundraisers will be approved.

NOTE: Units must get Chapter approval before submitting requests to Department.

Chapter Commander: _____ Unit Commander: _____

Signature required Signature required

Department Approval (Less than $5,000):

Department Commander: _____ Date: _____

Department Adjutant: _____ Date: _____

Department Sr. Vice: _____ Date: _____

Department Jr. Vice: _____ Date: _____

Finance Cmte Chair: _____ Date: _____

Requests for $5,000 or more requires approval from full Finance Committee:

Approved ☐ Disapproved ☐ Date of Committee Meeting: _____

Reason (if disapproved): _____

NOTE: Requests not properly completed or without budget documents will be returned to submitting Chapter or Unit for correction.

NOTE: Requests must be submitted to Department at least 30 days prior to fundraiser.

- **Fundraiser may NOT take place less than 30 days from request submission date!**

NOTE: Service percentage MUST be a minimum of 10%

NOTE: Specific dates MUST be identified – you cannot cite TBA or TBD