

**DISABLED AMERICAN VETERANS DEPARTMENT OF ARIZONA
CHAPTER / UNIT FUNDRAISER REQUEST**

Chapter/Unit: _____ Address: _____

Type of Project: _____

Fund Use: General _____ Service* _____ Other _____

- Cite specific Service program(s): _____

Ongoing _____ One-time event _____ 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 request to Department.

Chapter Commander: _____ Unit Commander: _____

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 over \$5,000 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.