

STARTING FUND REQUEST

Norris University Center - NBO Cashier's Office

The Cashier's Office assists student organizations in their fundraising activities by providing them with the means by which to *conduct sales and appropriately record, reconcile and deposit* the revenue generated at their events. Starting funds are very short term, usually no cost loans available only to student organizations with S.O.F.O. accounts. They are issued for a single sales event and date, and must be used in accordance with the guidelines found in the S.O.F.O. Handbook. All of these funds are distributed in locking red cash bags to designated members of a student organization within two hours of when sales are to begin—usually to be returned no later than 24 hours after being issued.

Never use these funds or sales revenues to issue refunds or pay expenses.

Event name: _____ Date the fund is needed: _____

Multiple dates require a request form for each day of sale.

Location of sale: _____ Sales time(s): _____

What will you be selling (select one): Admission (Must issue tickets)

Separate requests are needed for each sales category—admission, raffle, and merchandise.

When selling merchandise, item counts must be made before and after the sales activity of the day.

Raffle* (Must issue tickets and present permit from city)

T-shirts (Must provide inventory and sales counts)

Water bottles (Must provide inventory and sales counts)

Baked goods (Must provide inventory and sales counts)

CDs/DVDs (Must provide inventory and sales counts)

Other. (Please describe: _____)

Charging for Admission to Your Event:

When admission is charged, tickets must be issued to patrons. Care should be taken to sell them in sequence by ticket number. *Student groups are responsible for organizing, reporting and turning in all unsold tickets, the ticket stubs from sales, the starting fund and the money generated from the event to the Cashier's Office.*

Tickets: What kind of tickets will you be using?

Generic (provided at no charge) Which do you prefer? Single stub Double stub How many? _____

Box Office (printed by the Norris Box Office; to be removed from sale by 2PM on the nearest business day prior to the event)

Printed (pre-ordered from a professional printer; to be presented to the Cashier for auditing at least 5 days before the event)

Not Applicable

Pricing: NU Student \$ _____ NU Staff \$ _____ NU Faculty \$ _____

General \$ _____ Child \$ _____ Senior Citizen \$ _____

Member \$ _____ Non-member \$ _____ Other _____ \$ _____

A single admission price is recommended. However, if a tiered pricing structure is used, the student group should write the sales price of the ticket on the patron and house stubs when it is sold.

*** The Evanston City Manager must approve all raffles. Applications for this approval are available at the Cashier's Office and must be submitted to the City Manager at least 30 days before the event date. Only Starting Fund Request forms accompanied by the approved application will be accepted. Persons under the age of 18 cannot conduct raffle sales.**

STARTING FUND REQUEST for Event: _____

Date: _____

Estimated Attendance _____ Please specify an expected attendance estimate for this date only. Use this estimate and the ticket prices to determine the appropriate starting fund.

Never use these funds or sales revenues to issue refunds or pay expenses.

Rolled Coins(in dollars):

Currency (in dollars):

Time:

Quarters (\$10.00) \$ _____

Tens \$ _____

Dimes (\$ 5.00) \$ _____

Fives \$ _____

Nickels (\$ 2.00) \$ _____

Ones \$ _____

Pennies (\$.50) \$ _____

Other* \$ _____

Coins are only available in rolls

Fund Pickup (2 hrs. before event): _____ **am/pm**

Starting funds are picked up at the Cashier's Office during regular business hours. During non-business hours, the funds are distributed at the Main Desk, by the Center Manager on duty. Only students listed on this request form can pick up the starting fund.

Total Fund: \$ _____

Fund Drop-off: _____ **pm / am**

If the event ends after the Norris University Center closes for the day, the fund must be returned the following morning.

Sponsor Information:

Organization: _____

Deposit Account No.: _____

SAFB-sponsored groups deposit to line item "-01"

Please print:

Contact (1): _____ Ph: _____

Persons Authorized to Sign

for Starting Fund (Must present their WildCards to pick up fund)

Contact (2): _____ Ph: _____

(a) _____ (b) _____ (c) _____ (d) _____

***Special Requests:**

Metal Cash Box Yes No

Treasurer

As Treasurer of _____, I am actively participating in the administration of the finances regarding this event. I understand that I can be held personally responsible for the request, use and return of these funds as well as the record keeping that must accompany it.

Advisor

As Advisor to _____, I am aware of the event and the funds being requested for it. I have read and understand the SOFO procedures regarding the use, record keeping and return of these funds. I understand that I may be contacted if problems arise.

Name (Please print) _____

Name (Please print) _____

Tel. no. _____

Tel. no. _____

(Signature) _____ Date _____

(Signature) _____ Date _____

Notice: The Cashier's Office reserves the right to modify requests. A request not submitted at least **5** business days before the event, may be denied if the funds are not available. A \$15.00 service fee will be assessed for each starting fund requested after the five-business day deadline. The organization will be charged the replacement cost of damaged or lost cash boxes. A \$15.00/day late fee will be assessed for each day past 12:00 PM that a starting fund is out beyond the scheduled return date (usually 24 hours from the event date).

For Cashier's Office Use _____

Date request received: _____ Request received by _____ Late (circle): Yes / No

Date fund prepared: _____ Prepared by: _____ Cash bag no. _____ Cash box _____

Ticket numbers issued: Beg. No. _____ Beg No. _____ Beg. No. _____ Beg No. _____

End. No. _____ End No. _____ End. No. _____ End No. _____

Emergency preparation fee \$ _____ Late return fee (no. of days late: _____) \$ _____ Damages \$ _____

Total fees billed: \$ _____ Date of billing: _____