



Charitable Contributions Required Approvals

To be attached to expense report

Benefiting Non-Profit Organization: _____

Contribution Amount: \$ _____

Description of the Contribution: _____

Name of Department/Student Organization: _____

COA String and POET Information: _____

Requested By: _____ Date: _____

Requester email address: _____
(Requester to forward form to Student Org advisor for approvals)

Advisor Approval: _____	Date: _____
Dean Approval: _____	Date: _____
Provost (or designee) Approval: _____ (Donations over \$1,000)	Date: _____